THE AMA NEWS

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December 28, 1959 — The Newspaper of American Medicine

Hospitals, Foreign MD Face Certification Date

Capsules of the NEWS..

MDs Pressured: Communist governments of Eastern Europe are clamping down hard on private medical practice, the Associated Press reports from Vienna. Pressure is brought on doctors to work only for the state. A Prague MD was sentenced to prison for continuing to treat private patients despite explicit ban.

Contributions: Lawyers make larger average gifts per giver to Community Fund and Red Cross campaigns than either doctors or dentists, reports United Community Funds and Councils. Average lawyer gift across U.S. in '59 was $78.53. MDs averaged $73.80, dentists $36.36.

Not Deductible: Tax Court has ruled psychiatrists can't deduct cost of advanced psychoanalytic training, but opinions differ. See story page 15.

Rx Plan Dropped: National Assn. of Retired Teachers' plan to provide low-cost prescriptions to some 15 million in over-65 age group has been dropped. Reason: "Not feasible." Service will continue to be offered to 200,000 members of NART and its offshoot group, American Assn. of Retired Persons.

Tax Decision: Internal Revenue Service will stick to its rule on tax deductions for premiums on combined health-and-accident insurance, despite adverse ruling by U.S. Third Circuit Court of Appeals. Court ruled taxpayer who had sued IRS could deduct full amount of premiums on such policy. IRS has long contended that the part of the premium which covers accidental loss of limb, life, sight, or time is not deductible.

Diphtheria: Mass immunization apparently has halted an outbreak of diphtheria in Great Bend, Kan. State board of health officials said not more than 50% of school children in area had "trustworthy immunizations against the disease." Schools were closed. One death was reported in Kansas, two each in Oklahoma and Missouri.

Age Ceiling: Federal Aviation Agency has placed an age 60 ceiling on airline pilots, effective March 15. Air Line Pilots Assn. contends order will not improve air safety. Air Transport Assn. calls step "reasonable and judicious." FAA Administrator E. R. Quesada says move was necessary to assure highest degree of public safety in jet age.

A New Year's Message

It is the prayer of everyone that the traditional new year's wish of "good health" will have more real meaning to more people before 1960 becomes history.

In these troubled times of conflicting aims and ideas, may we in the medical profession rededicate our judgment and far-sightedness to the aim of helping humanity to better health and longer life.

The dawn of each new year always brings new hope to the suffering and new inspiration to the scientists and practitioners. May we renew our enthusiasms for our goals which have endured through 25 centuries of medical history.

May the new year inspire our strength of purpose and the wisdom with which to continue the tradition upon which our profession is founded . . . the only sound, long-range approach that can lead to good medicine.

May we always hold our hearts as important as our intellects. And may we continue in sincerity and skill so that we deserve the honor and confidence which has been bestowed upon us by those we help. To these may we add the preservation of the fundamental traditions, ethics, and principles which make good medicine possible as a science and as an art.

The American Medical Association wishes each of its physician members the joy of the season and the enduring hope for tomorrow.

Louis M. Orr, MD
President, AMA

A deadline six months away is causing more than a little discussion and some anguish among hospital officials and physicians.

The deadline—July 1, 1960—is for certification by the Educational Council for Foreign Medical Graduates of graduates of foreign medical schools in U.S. intern and residency programs.

Critics of the deadline claim it will hurt, if not ruin, their hospital training programs and force upon many hospitals a shortage of interns and residents.

Supporters of the deadline, including AMA's Council on Medical Education and Hospitals, say it will insure that foreign medical graduates in approved programs will have the qualifications reasonably equivalent to those expected of graduates of U.S. medical schools.

AMA's House of Delegates at Dallas stood by the deadline and turned down a resolution which would have delayed its enforcement. AMA's policy-making body said it "wholeheartedly endorses the program of (ECFMG)." It did, however, call for the Council "to implement the stated policy with judicious consideration of the factors involved in local situations."

By the end of the 1958-59 academic year about half of the 8,357 foreign physicians who were training in U.S. hospitals had been certified by ECFMG. The physicians came from 91 countries.

Qualifications: To be certified by ECFMG, a foreign MD must show that he has completed no less than 18 years of formal education including at least four academic years in a bona fide medical school. He then must pass a test of his knowledge of medicine and command of English.

ECFMG has given four tests, in March and September, 1958, and in February and September, 1959, and will give tests March 16 and Sept. 21, 1960. Since September, 1958, the tests have been given both in the U.S. and at examining centers abroad.

The foreign medical graduate must

(See Certify, Page 2)

Aged Health Care Plans May Get More Scrutiny

The way was paved for a sweeping scrutiny of the social security program as the problems of financially-stricken elderly persons received increasing congressional interest.

Chairman Wilbur Mills (D., Ark.) of the powerful House Ways and Means Committee declared that "due to many inquiries" and "general interest" he believed his committee would want to set up a program of hearings on revising the social security program.

In other actions:

Sen. Pat McNamara (D., Mich.), chairman of a special Senate Subcommittee on Problems of the Aging, said a need has been shown during cross-country tour for expansion of the social security system to provide a comprehensive health plan for aged persons.

The McNamara group is expected to propose a health plan for the aged going further than the controversial Forand bill which would provide hospitalization, surgical benefits, and limited nursing home care for social security beneficiaries.

Arthur S. Flemming, secretary of Health, Education, and Welfare, announced that the Administration will recommend a "positive plan" for the health care of the elderly as part of a broad program in the federal welfare field. It will include a new program for independent self care for the infirm and severely handicapped persons on public assistance.

Flemming gave no details of the new health care plan, but declared "we must not lose sight of the fact that there is a real need, and I am confident we will be able to present

(See Health, Page 2)

Letter Brings Medical Aid to Islanders

A letter from a Catholic priest, published in *The AMA News*, Nov. 2, 1959, has helped to bring relief to the inhabitants of three small islands in the Yellow Sea.

Several weeks ago Father Ed Moffett, MM, wrote the American Medical Association from Paengnyong Island:

"There must be some formal way to present my appeal, but I regret that I do not know it. There are 12,900 people on my three islands. There's absolutely no medical facility of any kind here. I want to give these people a little hospital. I've turned to every side looking for help for my dream. Now I turn to the AMA. I figure that somehow you can help me."

Within 30 days after Father Moffett's letter appeared in *The News*, more than 50 physicians and a dozen other readers responded to his appeal with money, medicine, and hospital equipment.

Last week the AMA received this heart-warming letter from Father Moffett:

"There's no way I can think of to begin to thank the AMA for what they have done for the fishermen, their wives and children of these three islands in the Yellow Sea.

"The letter which I scribbled to you one night, in desperation, here on this beach and which you printed in *The AMA News* has brought relief to people who had stopped daring to hope to be relieved.

"More than 50 doctors and a dozen other readers of *The AMA News* sent money, the promise of medicine, and even word that hospital equipment was on its way here.

"The money I received will finish

(See Letter, Page 2)

Advertising Standards Reaffirmed by Trustees

Standards for advertising appearing in scientific publications of the American Medical Association have been reaffirmed and clarified by AMA's Board of Trustees.

Periodically the Board re-evaluates these principles in light of developments in medicine or in industry. The last detailed study of the standards was made in 1955.

The Association screens and evaluates advertising appearing in its own publications as a service to its member physicians. Since MDs look to advertisements in AMA journals as an important source of information, the Association does all it reasonably can to ensure that the ads are accurate, relevant, and ethical.

Regional Reviews: The AMA will hold two regional conferences early next year to discuss and review the standards with medical directors and marketing executives of pharmaceutical companies and representatives of advertising agencies. These standards will be reviewed on a continuing basis to keep them abreast of developments in medicine and industry.

The standards, to be published in detail in the *Journal of the American Medical Association*, state that "products or services eligible for advertising in AMA journals shall be germane to, effective, and useful in the practice of medicine and shall be commercially available."

Pharmaceutical products are not eligible for advertising until a New Drug Application from the Food and Drug Administration has become effective.

Advertising Principles: The principles also state that the AMA "may decide that certain products or services are not eligible . . . if advertisements for these products or services in other media consistently depart from the standards set forth in the section on suitability of advertising copy."

To be suitable for publication, an advertisement:

- Should clearly identify advertiser and product or service offered.
- Should not be deceptive or misleading.
- Should not make unfair comparisons or disparage a competitor's products or services.
- Should not use sweeping superlatives or extravagantly worded copy. Any claims for superiority must be supported by evidence acceptable to the AMA.
- Must not distort the meaning intended by the author in the use of quotations or excerpts from published papers.
- Must conform to the principles of medical ethics and must not be indecent or offensive in either text or art work.

Sales Policy: As a matter of policy, the AMA sells advertising in its publications when (1) the advertiser believes that the purchase of such space represents a sound expenditure (2) inclusion of advertising does not interfere with or seriously detract from the purpose of the publication, and (3) when advertising copy meets the standards established for the publication.

The AMA evaluates advertising copy on the basis of available data concerning the product or service. The Association does, however, seek the opinions of consultants selected for their competency in the field involved, and recognizes statements formulated by AMA Councils and Committees in determining the eligibility of products and the suitability of claims. Evaluations are not based upon tests conducted by the Association.

Health . . .

(Continued from Page 1)

a positive program to meet the need."

Opposes Forand: The Administration has joined the American Medical Association in opposition to the Forand-type approach on grounds it would undercut all voluntary efforts to meet the challenge.

In disclosing the Ways and Means hearing on social security, Mills did not say whether the Forand bill would be taken up.

Mills said it appears that "some improvements can be made . . . without necessitating an increase in the existing schedule of contributions rates by employers and employees, and the self-employed."

The Forand bill would require increases in the tax rates of some $2 billion annually.

Disability Program: Many of the suggested changes advanced by Mills for Committee consideration involved liberalization of the disability program under which totally disabled persons age 50 and over receive benefits.

One of the proposals would eliminate the age 50 requirement and open the program to beneficiaries regardless of age. Rep. Burr Harrison (D., Va.), chairman of the Ways and Means Subcommittee that held hearings on the disability program earlier this year, has already announced that he would introduce a bill to accomplish this.

Other proposed revisions to be considered were:

- Allowing individuals reaching retirement age to qualify for social security insurance benefits with fewer quarters of coverage than now required.
- Payment of monthly insurance benefits to wives and widows who are permanently and totally disabled.
- Extension of coverage to "various groups which have indicated a desire to be included in the insurance program."

Other Suggestions: Mills said that among suggested changes which the Committee may want to consider but which would require some increase in the existing schedule of taxes were.

- An across-the-board increase in monthly benefit payments, including modifications in minimum and maximum benefits.
- Addition of "new types of insurance benefits," and an increase in widows benefits.

No date was announced for the hearings.

Brain Power

Medical students are tops in brain power.

In determining a reference point for testing higher brain functions, Ward C. Halstead, University of Chicago psychologist, chose scores made by a group of junior medical school students.

"At age 24," he said, "these future doctors are about at the peak mental power."

Certify . . .

(Continued from Page 1)

score 75 or higher to be granted a standard certificate. Of the 3,068 who took the Sept. 22 exam, 44.7% passed with grades of 75 or better. Included in this figure are 717 who took the tests abroad. Only 39.4% of these passed.

Temporary Certificates: Those who score between 70 and 74 are granted two-year temporary certificates. At the end of the second year these foreign medical graduates must pass the test if they want to remain in U.S. training programs. Temporary certificates were given another 742 foreign MDs in September and brought the total certified for approved programs to 2,112—68.8% of those tested.

"There is no doubt that after July 1 there will be a decrease in the number of foreign medical graduates available because we will be shutting off one-third of those who would like to come," said Dr. Dean F. Smiley, executive director of ECFMG. "Balanced against this will be the fact that we will be getting more of the better qualified foreign medical graduates."

ECFMG is gaining respect abroad, Dr. Smiley reported. Deans of foreign medical schools are writing to find how their graduates score on the tests.

"Hospitals are no place for a do-good exchange program," declared Dr. Smiley. "Medical educators abroad know that the U.S. can't take poorly trained MDs to work on our patients."

He foresees a long-range effect of raising medical education standards in medical schools abroad

Most hospitals which criticize the deadline are concerned about their residents who have been with them for one or two years and who want to take further training. The hospitals like these residents and feel the deadline will hurt them, said Dr. Smiley.

"The hospitals know this has to come and they are just as much behind it as are physicians," he added.

Deadline Set in '58: The American Hospital Assn., AMA, Association of Medical Colleges, and Federation of State Medical Boards of the U.S. sponsored ECFMG in 1957. The controversial deadline was set by AMA's Council on Medical Education and Hospitals, AHA, and AAMC, after consulting ECFMG, and published July 19, 1958, in the *Journal of the American Medical Association*.

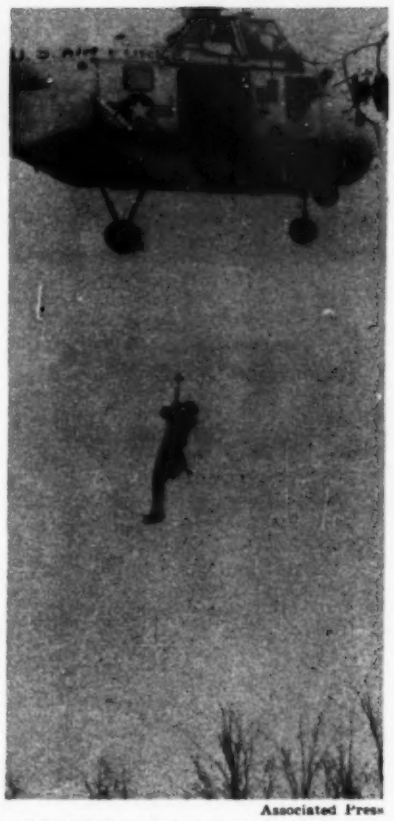
ECFMG's creation was an outgrowth of two forces. First, was the great increase in postgraduate training offered in the U.S. after World War II—50% increase in available internships between 1941 and 1958 and nearly 500% increase in available residencies, according to AMA's Council on Medical Education and Hospitals. Second, was the U.S. Information and Educational Exchange Act which, after July, 1949, allowed foreign medical graduates to come to the U.S. for training.

Last year's 8,357 foreign medical graduates trained in 41 states, the District of Columbia, and Puerto Rico, according to figures gathered by the Institute of International Education. Bellevue Hospital Center, New York, reported the largest number, 91.

Numbers High: Most foreign medical graduates go to hospitals which are not connected with universities, reported Dr. Walter S. Wiggins, secretary, Council on Medical Education and Hospitals. They tend to fill the training programs which graduates of U.S. medical schools do not accept.

The Hospital Council of Greater New York has estimated that nearly half the interns and residents in New York City are foreign medical graduates. A 1954 report—one of the few published on the subject—said 65% of the house staff positions in New Jersey hospitals were filled by aliens, and that for New York, Illinois, and Ohio the comparable percentage was more than 30.

The same report, by Dr. Harold S. Diehl, Dr. Edwin L. Crosby and Paul K. Kaetzel, said that more than 60% of all alien interns and residents were in nonteaching general hospitals.



Associated Press

MD IN MID-AIR is Dr. Wilfred W. Wilcox, Montoursville, Pa., who is being lowered from a helicopter at the scene of an airliner crash on a mountainside near Williamsport, Pa.

Letter . . .

(Continued from Page 1)

the hospital building—it's not fancy, but it's big. Cement floors, mud-brick walls and a tin roof, $385, including labor.

"Besides the medicines, the Motor Basal machine and surgical instruments promised, I still have enough money to start the kitty for the doctor's salary. I can have an MD from the mainland to come out here in the ocean for a year for $1,500. The kitty is now $106. I'm hoping the spirit of Christmas—of bringing love to the despairing—will swell the pot enough to give me the gall to sign the contract with a doctor even before every last dollar is in.

"That's what AMA has done for us out here—that's the report—how I can thank you is something else—maybe the best and only way is to tell you what you have done would never have been done if you didn't do it—to tell you that 12,900 people will have hope in their agony that they would never have had without you.

"From the bottom of the full heart of the man who is but the channel of your love goes prayers, daily, that such charity as yours will earn abundant blessings from the good God.

Gratefully,
FATHER ED MOFFETT"

Others who wish to help make Father's Moffett's dream come true may send their contributions to him at APO 455, San Francisco, Calif.

Medical School Challenge Cited

Forty-three medical schools had decreases in the number of students graduated in the 1958-59 class while 34 schools experienced increases, according to AMA's Council on Medical Education and Hospitals.

The 1958-59 class of 6,860 graduates and the 1957-58 class numbering 6,861 were the largest except the 6,977 graduated in 1954-55. The increase in that term was occasioned by including as graduates the 50 students completing the intern year then required at Stanford University.

10,000 by 1975: The AMA report indicated a need for 10,000 graduates a year from medical schools in the U.S. by 1975.

"To accomplish this task and at the same time maintain high standards of medical education represents a challenge at least as important as any problem facing medicine today," the report said.

The council offered several methods which could be used to meet the need for expanded educational facilities in medicine, including increased capacity of existing medical schools, but then added:

"Care must be exercised that medical schools not be induced to expand beyond their capacity to maintain the proportionately increased teaching staff necessary to preserve high standards of education and research."

New Schools Needed: The council estimated that even though existing schools are expanded, "it appears likely that at least 10 new schools with an average graduating class of 100 students will be required" to meet the needs of an exploding population.

The council's report also stated that during 1958-59, fifty-six institutions in the U.S. and five in Canada initiated, completed or have funds committed for construction and equipment of new facilities.

Major projects planned for initiation in 1959-60 by 31 schools will total some $49 million for construction and $5 million for equipment.

Largest Class: Total enrollment in first year medical school classes for the 1958-59 academic year was 8,128, the largest to date in the U.S. Entering class sizes increased in 35 schools, were unchanged in 24, and decreased in 26.

In 1958-59, a total of 59,102 applications were filed by 15,170 persons or an average of 3.9 applications made by each prospective medical student.

Of all first-year medical students, 37% came from five states—New York, Pennsylvania, California, Ohio, and Illinois.

At least two-thirds of the entering classes are "B" average students, about one-sixth had college grade averages of "A," and about one-sixth to one-seventh had "C" averages.

Education for MDs In Missions Studied

AMA's Board of Trustees will investigate means of taking postgraduate medical education to American physicians serving abroad in missions. The House of Delegates at Dallas approved such a program and directed the Board to implement it.

Dr. John G. P. Cleland, an alternate delegate from Oregon, told a reference committee of the House that the program would benefit American MDs and help sell the U.S. in foreign lands. He reported on an around-the-world trip to mission hospitals.

Complex Pattern

Agreements With Allied Groups Urged

Physicians today face a complex and variable pattern of relationships with scientific, professional and technical personnel in the health fields.

A report by an American Medical Association committee studying these relationships said advances in scientific knowledge in the past 25 years have "created a situation in which the dependence of physicians, scientists and health personnel upon each other becomes ever more crucial."

It said the changing pattern of medical care has created an expanding diversity and has resulted in an increasing number of individuals in specialized health fields. An estimated 11 persons now work in allied health activities for each physician engaged in patient care.

The report added that failure to develop adequate interprofessional communications and liaison between groups has resulted in "ever increasing misunderstandings."

It warned that these misunderstandings may be resolved by "public decisions that may not be based upon interprofessional judgments" unless close liaison with other health professions is developed.

"Mutually developed and respected agreements" are needed, the report said, on the proper field of responsibility and activity for each group participating in patient care.

There is also need for agreement on appropriate professional recognition and economic security for scientific personnel allied to medicine—for instance, those PhD's working in the sciences of anatomy, biochemistry, micribiology, pharmacology, and physiology.

The report said relations between doctors and professional and technical personnel (medical technologists, occupational therapists, physical therapists, x-ray technicians) appear to be satisfactory, but that physicians could give more assistance in the professional growth of these groups.

The AMA committee, headed by Dr. Raymond M. McKeown, Coos Bay, Ore., has conferred with nearly 100 representatives of scientific, professional and technical organizations in the past two years.

After further conferences, it hopes to develop recommendations for effective interprofessional relationships which will assure Americans the optimum benefits of scientific advances.

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Editorial Viewpoint

Medical Care For All

A common argument used by forces pushing Forand-type legislation is that many elderly persons now are being denied a physician's care because they are unable to pay for it.

There may be isolated instances of such cases, but if there are the person involved hasn't explored the facilities available to him.

Actually, no person with a legitimate need for a doctor's services needs to forego that care because of inability to pay.

The prime object of the medical profession is to serve humanity, regardless of reward or financial gain. And since time immemorial, doctors have given professional advice to the indigent without compensation.

Many county medical societies, however, hesitate to put advertisements in newspapers or publicize their program to "guarantee" medical services to those who are unable to pay. They feel it isn't necessary since the medical profession traditionally takes care of those who can't pay—modestly and quietly.

The question is not whether physicians actually will provide care to those who need it. According to the code of ethics, a doctor is honor-bound to give free care in such instances. The important factor is that some people mistakenly believe that doctors' care is not available unless it is paid for. And apparently the only way to correct this dangerous misconception is to remind the public of the medical society's efforts to provide such care.

A number of county medical societies have publicized through paid advertisements in newspapers their programs "guaranteeing the services of a physician to all who need him, regardless of ability to pay." Thus, those counties have conclusively answered any loose talk about "all the poor folks in this county who are going without needed medical care."

There also is a concerted effort to follow through on the program. When the physicians hear an occasional remark of that kind, the MDs immediately get in touch with the individual or group who made the statement, and ask them to produce the name of at least one of those "poor folks." The medical society keeps after them, even if it takes weeks, until they either confess that they had no one particular in mind or come up with someone who really does need help. "Either way it's a great satisfaction to us," one physician said.

Seven years ago AMA's House of Delegates encouraged constituent state medical societies to make these programs known to the public through every effective medium of communication.

Today, medical public relations is better in those counties that have regularly publicized their guaranteed medical-care-for-all plans, the round-the-clock availability of physicians, emergency call systems, and grievance committees.

And where the public generally is aware of the extent to which the profession of medicine has responded to this public need, loose talk by "do gooders" is labeled for what it is—loose talk.

Legislative Phraseology

Authors of legislation concerning medical services frequently are guilty of what a grammarian might call expressional looseness.

Quite often the wording in such legislation states in effect that the government is providing medical services when, in actuality, the government is only providing for the payment or reimbursement of such services.

At the Clinical Meeting in Dallas earlier this month, AMA's House of Delegates voted to actively oppose such legislative phraseology. In adopting a resolution introduced by the California delegation, AMA's policy-making body further resolved to expend every effort to revise the wording of existing statutes containing the phrase "providing medical services."

It is time to make clear to the public that the physicians of America—not the government—provide medical services.

In Every Doctor's Bag

Sound Advice to MDs

The president of The State Medical Society of Wisconsin has sounded a warning to the physicians of his state that should be echoed throughout the nation.

In a recent letter to Wisconsin MDs, Dr. W. B. Hildebrand said: "The busy physician, beset by the needs of his patients and their unpredictable demands upon his time, may overlook the necessity of constant supervision of his medical record keeping and billing procedures.

"It is obvious that laxity in the paperwork department can open the individual physician and the entire profession to unwarranted criticism and the poorest kind of public relations."

Dr. Hildebrand was referring to articles which appeared in the Wisconsin lay and labor press alleging that Wisconsin doctors are charging fees for the act of admitting a patient to the hospital.

The *Milwaukee Labor Press* reproduced a physician's statement to his patient which included this item: "Admission to Waukesha Memorial Hospital, $15."

The *Labor Press* headlined the front-page story, "Another Doctor Gimmick," and went on to say, "Milwaukee area doctors apparently lie awake nights thinking of gimmicks by which they can tack on charges to the long-suffering patients. . . ."

Actually, the $15 fee included: a physical examination given the patient at the hospital, a check of his past medical records and past x-rays, taking his history, and consulting with other surgeons before the patient's operation. The fee also included $5 for the MD's first-day visit to the hospitalized patient. The physician said the process of admitting the patient involved considerable time, including filling out six insurance forms.

What happened in Wisconsin may be part of a nationwide habit of many physicians to make what appears to be an admission charge to the hospital. While this term is readily understandable to the MD, it is highly misleading and dangerous when it comes to the public and public relations.

Dr. Hildebrand wisely urged every physician in Wisconsin to review his billing procedures immediately so that neither he nor the profession be open to similar unfortunate accusations in the future.

Dr. Hildebrand's advice is sound, and points up once more the importance of itemizing statements.

Quotes in the News

Dr. Frederick H. Good, Denver, Colo.: *"The Forand bill is needed about as much as Custer needed another Indian."*

Dr. Leonard W. Larson, chairman AMA's Board of Trustees: *"We in medicine have helped to create not only the problems of the aged, we have helped to create the aged. We have done it under the free choice system. We can solve the problems in the same way."*

President Eisenhower: *"It is public opinion that runs governments and ourselves."*

As Others See It

Polio Case Thrown Out

The Detroit Free Press: A federal judge threw out the government's anti-trust charge that five major drug companies conspired to and did fix the domestic price of Salk polio vaccine. In dismissing the case, Judge Phillip Forman, in Trenton, N.J., said the government's accusations were based on conjecture and suspicions, and that the federal prosecutors produced "no bridge from fact to inference." . . . In effect, he ruled that the federal government set up the very conditions that it later chose to label a criminal conspiracy. . . .

Wall Street Journal: . . . . This court is not the first in recent years to dismiss out of hand a much-publicized government suit brought against businesses under the antitrust laws. . . . We think there is in these government suits something deeply disturbing. For the antitrust laws . . . have done much to save this country from the cartelization of industry so familiar in Europe and to promote the kind of competitive economic growth which has so richly rewarded the nation. They embrace a sound principle which we ought to preserve, and indeed extend into other areas of economic power, such as that now held by the labor unions.

But of late, . . . the antitrust laws have been used for a different purpose. There has been an attempt to convert them into a cat-of-nine-tails to lash out at business whenever some whipmaster in government thinks it politic to administer a public thrashing. . . .

Dr. Orr on Long Life

Columbus, Ohio Citizen-Journal

Dr. Louis M. Orr strikes us as a most admirable and refreshing man. He makes conspicuously good sense. Good for doctors, patients and our readers.

If you have missed these interviews, in which the American Medical Association president answered our John Troan's questions, you'll do yourself a favor by catching up.

For example, Dr. Orr said that the life span "of the human body" undoubtedly will be increased. But he is concerned about something else:

"Keeping the brain in tune with the rest of the body. Unless this can be done, an increased life span will only mean more human vegetables. We must find out how to make life more useful and more enjoyable, not just longer. . . .

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Letters
... As Readers See It

Telephone Manners

● In *The AMA News* (Nov. 16, 1959) there was an article on telephone manners. The statement is made that the doctor's secretary who is making a call for her employer should state the name of the doctor calling and the answering secretary should connect the two doctors as quickly as possible. This is evading the issue of manners. When I telephone another physician I assume that his time is no more valuable nor less valuable than mine. I feel I have no right to ask my secretary to get him on the phone while I attend to other business and then keep him waiting until I can get on. Every time a physician does that to me, I am irritated.

It is much better manners to ask my secretary to get the doctor's office, then for me to get on, and then wait until the doctor I am calling gets on. I believe that this is a more courteous plan than the one you suggested.

MILTON KISSIN, MD

New York City

Time Element

● Congratulations on your editorial on "Contributions" (Nov. 30, 1959). While we agree on the factor of the tax burden, we also believe the public needs more "education" about what doctors contribute in time. . . .

At times, we get tired of the public innuendoes that doctors make too much and give too little—this we know is not true!

WILLIAM R. HUNT

Waco, Texas

Tribute to MDs

● We enjoy an excellent relationship with the physician members of our Chamber of Commerce and we are proud of the real devotion to chamber activities by our second vice president, Dr. Richard R. Hoffman. . . . At the recent election, the voters of Lebanon elected Dr. Richard D. Schreiber to the office of mayor. He waged a vigorous campaign based on honesty and integrity. . . . Also on our long list of local physicians "paying their civic rent" is Dr. Maurice M. Meyer, a long time member of our Community Chest board of directors.

The purpose of this letter is to pay tribute, in all sincerity to the dedication of these men to the advancement of Lebanon city and county. This dedication is displayed many times at a great personal sacrifice for each of them.

JAMES A. REAM

Lebanon, Pa.

Federal Spending

● I was impressed, but not the least surprised, by two articles which appeared in the Nov. 16, 1959 issue of *The AMA News*. In "Capsules" there appeared a paragraph stating there has been no significant change in the MD ratio per 100,000 population in the 18-year period from 1940 through 1958, except perhaps a slight decrease in the ratio, confirming the idea which most of us entertain that there has been no increasing scarcity of physicians.

In the third column appears an article urging the establishment of a $500 million program of federal aid for "greatly accelerated construction of new medical schools and expansion of existing ones. . . ."

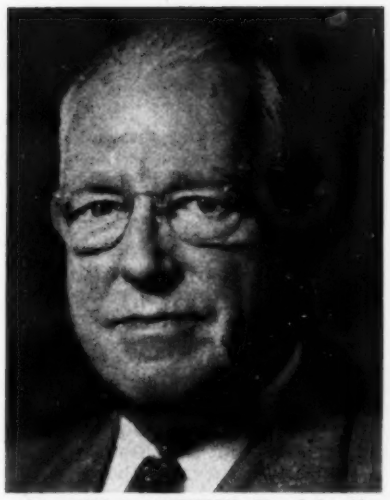
Both of these articles apparently emanate from federal bureaus, which apparently make it their business to provide statistics to support the enormous federal "give away" programs. It seems to me that the overall idea is to see how much money can be squandered; and if there is no proven need for additional doctors, then it would be expedient to provide marble palaces to house and instruct the physicians we are now training.

I am profoundly revolted at the enormous waste of federal funds and the rapidly expanding encroachments of socialization. It seems most hypocritical to me for the members of the American Medical Association to profess strong opposition to socialized medicine on the one hand and at the same time encourage socialized construction and maintenance of medical school facilities.

If, as the article states, the $500 million which is proposed would be matched by a like sum, this would provide approximately $1 billion in funds. If this amount were allocated to the approximately 70 existing medical schools, it would amount to something like $14 million for each school. I cannot, by any stretch of my imagination, conceive of how a medical school could possibly build a facility costing $14 million. If only half this amount was spent by the existing schools and the remainder used for the construction of new schools, it would provide funds for an additional seventy medical schools at $7 million each, which is still a lot of marble and tile, and which would provide enormous maintenance problems probably eventually resulting in further federal subsidies and we then would eventually have 264 MD's per 100,000 population, or one doctor for every 378 people.

FRED D. SPENCER, MD

Brownwood, Texas



DR. JOHN J. MASTERSON, 78, of Brooklyn, New York, was named Catholic Physician of the Year by the National Federation of Catholic Physicians' Guilds. He is a past president of New York State Medical Society and for nearly 25 years represented the society in AMA's House of Delegates. He also is a past president of the National Federation.

Growth of Insurance Seen

Prepaid health insurance will pay two-thirds of the medical bills within the next five to 10 years, predicted Jerome Pollack, veteran health and welfare negotiator for the United Auto Workers, AFL-CIO.

He spoke at the recent 15th annual meeting of the Western Conference of Prepaid Medical Service Plans held in Honolulu, Hawaii.

Plans for Aged: Dr. Donald Stubbs, chairman of the board of Blue Shield Medical Care Plans, warned that improved insurance provisions must be made for the aged and mentally ill.

Pollack said there are three pressing needs in the insurance field:

● More comprehensive coverage.

● More lay representation on prepayment boards.

● More economic controls by doctors.

Closed panel medicine was criticized and praised at the conference. Dr. Frederick L. Giles of Honolulu thought the entry of Kaiser's Foundation Hospital and medical plan into Hawaii was because doctors did not give patients the type of service they deserved, but he expressed the feeling that under closed panel medical service, patients do not get top care.

Opinions Differ: Dr. Joseph Palma, of Honolulu, agreed that Kaiser's medical plan will cause a deterioration of medical practice.

However, John F. Murphy, vice president of industrial relations for Castle & Cooke, Ltd., one of the major sugar and pineapple agencies in the Islands, took issue with criticism of closed panel medicine.

He cited the type of company medicine which has long been practiced on Hawaii's plantations and said the motivation of doctors in both types of practice is the same.

On the Legislative Front

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Spokesmen for drug companies insisted that the charges were misleading; that the only fair way to gauge drug prices was to compare them with industry profits, which even in the unusual "boom" times recently following new discoveries did not surpass 16%. Several other industries have chalked up higher profits, the witnesses pointed out, and these were industries involving much less risk and not saddled with the heavy research budgets necessary to keep pace in the drug field.

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Another industry currently under attack in Washington is radio and television. Witness after witness before the Federal Communications Commission criticized the caliber of programs and advertising. The public service efforts of the broadcasting industry, especially in the medical-health field, and the courageous work of the National Association of Broadcasters in clamping down on objectionable advertising were hardly mentioned.

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Through the ages man has sought by way of incantations, magical elixirs, and voyages to legendary fountains the secret of long life.

Only within recent years, however, have scientists begun to probe the mysteries of the aging process, to determine just how and why people grow old physically and mentally.

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These investigations, now multiplying rapidly, have come about as a natural result of the ever higher proportion of elderly people in the population due to conquests of disease and higher standards of living.

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Though many scientists, including Dr. Hunt, are skeptical, they admit that many researchers hope that someday something will be found that in itself will add years to the life of the average person — the modern equivalent of the fountain of youth.

Age Frontier: More and more people in this country are living long lives, but the harsh fact remains that once advanced age is attained, life expectancy is little more today than at the turn of the century. A man of 65 now can look forward to another 12.9 years of life, only a year and a half longer than he could in 1900.

This is the age "frontier" the researchers hope to push back. Whether the maximum life span of roughly 100 years can also be extended is problematical. Dr. Hunt believes everyone comes equipped with a "built-in time clock and will die at about 100 years no matter what."

CAR consists of only three persons —Dr. Hunt, Dr. Stanley R. Mohler and Elizabeth Frame, PhD. The center is part of the NIH's Division of General Medical Sciences, also headed by Dr. Hunt. Congress doesn't appropriate money for CAR as such. Aging projects run through all eight institutes and are financed by them, with direction and coordination supplied by the Center.

Scope of Effort: In addition to research projects carried out by private institutions and individuals, government scientists are working on two intramural NIH programs conducted by the National Heart Institute and the National Institute of Mental Health.

A sample of the projects underway reveals the scope of the research effort: The effects of environment and climate on aging, the effects of parental age on mealworm beetles, ideal diets, the ears of senile guinea pigs, rehabilitation of patients in nursing homes, methods of measuring health in the aged, geriatric mental illness, verbal performance and reaction time, and memory, to name a few.

Officials estimate that about 75% of all aging research in this country is connected with CAR programs and other NIH work. CAR helped to establish two university centers for aging research—at Duke University and at Albert Einstein College of Medicine, New York City.

OBSERVATION OF EYE shows blood vessel changes that accompany old age in examination at Duke University Center for the Study of Aging.

LUNG FUNCTION of an elderly man is tested as part of a study at the gerontology branch, National Heart Institute, Baltimore city hospitals.

No Breakthrough: There have been no scientific "breakthroughs" yet, but some findings may prove significant. A scientist has identified in the human placenta a factor indistinguishable from the juvenile hormone which heretofore had been identified only with the growth of insects. And another scientist has succeeded in extending the juvenile periods of cockroaches, though once maturity is reached, the insects age normally.

On a more immediate and practical level, it has been found that with proper care and attention senile patients can be taught to attend to their cleanliness and toilet functions. It is in areas such as this that scientists are hoping to produce much information in the near future.

Most scientists now agree there are no diseases that attack only old folks. "It's so hard to generalize about old people," remarks Dr. Hunt, "except to say that they're old. They differ as individuals, physically as well as mentally."

Life Itself: "We haven't got a serum or any magic and there's none over the horizon as far as I can see," he says, adding that "the more you get into the aging research field the more you feel you are just investigating life itself."

NIH officials are now compiling research accomplishments to date, a project that should be completed early next year.

Elderly Workers Do Jobs Well, Tests Show

Further evidence that an arbitrary retirement age of 65 years is unrealistic was presented by one of the first interdisciplinary groups to study the aging process.

Results of the four-year study, financed by a grant from the National Institutes of Mental Health, were released this month at a day-long seminar at the University of Chicago.

Productivity Compared: The productivity of workers 60-65 years old was compared with workers 40-45 years old in four Chicago area industrial plants, and Robert K. Burns, University of Chicago Industrial Relations Center, reported:

"We found that there were no significant differences in the mean productivity scores between our two age groups."

Robert W. Kleemeier, Washington University psychology professor, conducted psychomotor tests which showed that the older workers should have been handicapped in job performances while in reality they were not. He commented:

"Learned job skills may resist age change to a greater degree than do the basic capacities upon which the learning originally depended."

Kleemeier, whose reference data included tests given to 75-year-olds, suggested that psychomoter performances might be used to help identify older workers who are beginning to feel pressure from the job.

Dr. Emmet B. Bay, University of Chicago Medical School, who examined the 132 workers included in the study, said the majority of older workers were physiologically able to continue on the job past the age of 65 years.

Reporting on neuropsychological findings, Ward C. Halstead disclosed there was a greater incidence of higher brain functioning damage among older production workers than in previous studies of executive groups. However, he noted, older production workers were not affected in job performance.

A report by Dr. Bertha A. Klein, Univ. of Chicago, showed abnormalities of the retinal arteries increased with age, but the indication of cerebral artheriosclerotic vascular disease did not affect production of older workers.

Effects of Age: Leonard Z. Breen, Purdue University sociologist, found that if an older man does not conceive himself as "old" and likes his work, he will clearly wish to continue working. When a decision for retirement is to be made, he added, the older workers "are more likely to turn to a physician for judgment."

Commenting on the reports, Dr. G. Halsey Hunt, NIH, declared that this was a start toward finding out scientifically the effects of old age on production workers.

"We must know more about this," he concluded, "before we can formulate realistic retirement policies."

The Aged Pay Their Bills

There may be little truth to the commonly-held thought that older people provide most of the economic problems in health care.

This is the opinion of Dr. Charles E. Staats, surgeon at the general hospital which bears his family name in Charleston, W. Va.

Aged Pay Bills: Citing a survey of 296 patients, aged 65 and older, who were treated at Staats Hospital in a one-year period, the physician said:

"If unpaid hospital bills are a measure of financial insecurity of the aging group, our experience does not reflect the commonly held concept. Only 1.5% of our bills of the over 65 age group at this time are unpaid. In the over 85 group, .3% of the bills remain unpaid. . . .

"In contrast, other patients under 65 had 14.9% of the hospital bills remaining unpaid."

Dr. Staats presented the survey findings and his opinions on health care to the Senate Subcommittee on Problems of the Aged and Aging when it held hearings in Charleston. The surgeon also showed that patients under 65 stayed 5.5 days, average cost $126.41. Patients over 65 stayed 10.1 days, average cost $254.12.

All Get Care: The physician observed that people who remain at productive work into advanced years present little or no problem in health care, while indigents will present major problems at any age.

He asserted that those who hit "rock bottom" do receive medical care. Unpaid bills, he said, attest to this fact.

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Though many scientists, including Dr. Hunt, are skeptical, they admit that many researchers hope that someday something will be found that in itself will add years to the life of the average person — the modern equivalent of the fountain of youth.

Age Frontier: More and more people in this country are living long lives, but the harsh fact remains that once advanced age is attained, life expectancy is little more today than at the turn of the century. A man of 65 now can look forward to another 12.9 years of life, only a year and a half longer than he could in 1900.

This is the age "frontier" the researchers hope to push back. Whether the maximum life span of roughly 100 years can also be extended is problematical. Dr. Hunt believes everyone comes equipped with a "built-in time clock and will die at about 100 years no matter what."

CAR consists of only three persons —Dr. Hunt, Dr. Stanley R. Mohler and Elizabeth Frame, PhD. The center is part of the NIH's Division of General Medical Sciences, also headed by Dr. Hunt. Congress doesn't appropriate money for CAR as such. Aging projects run through all eight institutes and are financed by them, with direction and coordination supplied by the Center.

Scope of Effort: In addition to research projects carried out by private institutions and individuals, government scientists are working on two intramural NIH programs conducted by the National Heart Institute and the National Institute of Mental Health.

A sample of the projects underway reveals the scope of the research effort: The effects of environment and climate on aging, the effects of parental age on mealworm beetles, ideal diets, the ears of senile guinea pigs, rehabilitation of patients in nursing homes, methods of measuring health in the aged, geriatric mental illness, verbal performance and reaction time, and memory, to name a few.

Officials estimate that about 75% of all aging research in this country is connected with CAR programs and other NIH work. CAR helped to establish two university centers for aging research—at Duke University and at Albert Einstein College of Medicine, New York City.

OBSERVATION OF EYE shows blood vessel changes that accompany old age in examination at Duke University Center for the Study of Aging.

LUNG FUNCTION of an elderly man is tested as part of a study at the gerontology branch, National Heart Institute, Baltimore city hospitals.

No Breakthrough: There have been no scientific "breakthroughs" yet, but some findings may prove significant. A scientist has identified in the human placenta a factor indistinguishable from the juvenile hormone which heretofore had been identified only with the growth of insects. And another scientist has succeeded in extending the juvenile periods of cockroaches, though once maturity is reached, the insects age normally.

On a more immediate and practical level, it has been found that with proper care and attention senile patients can be taught to attend to their cleanliness and toilet functions. It is in areas such as this that scientists are hoping to produce much information in the near future.

Most scientists now agree there are no diseases that attack only old folks. "It's so hard to generalize about old people," remarks Dr. Hunt, "except to say that they're old. They differ as individuals, physically as well as mentally."

Life Itself: "We haven't got a serum or any magic and there's none over the horizon as far as I can see," he says, adding that "the more you get into the aging research field the more you feel you are just investigating life itself."

NIH officials are now compiling research accomplishments to date, a project that should be completed early next year.

Elderly Workers Do Jobs Well, Tests Show

Further evidence that an arbitrary retirement age of 65 years is unrealistic was presented by one of the first interdisciplinary groups to study the aging process.

Results of the four-year study, financed by a grant from the National Institutes of Mental Health, were released this month at a day-long seminar at the University of Chicago.

Productivity Compared: The productivity of workers 60-65 years old was compared with workers 40-45 years old in four Chicago area industrial plants, and Robert K. Burns, University of Chicago Industrial Relations Center, reported:

"We found that there were no significant differences in the mean productivity scores between our two age groups."

Robert W. Kleemeier, Washington University psychology professor, conducted psychomotor tests which showed that the older workers should have been handicapped in job performances while in reality they were not. He commented:

"Learned job skills may resist age change to a greater degree than do the basic capacities upon which the learning originally depended."

Kleemeier, whose reference data included tests given to 75-year-olds, suggested that psychomoter performances might be used to help identify older workers who are beginning to feel pressure from the job.

Dr. Emmet B. Bay, University of Chicago Medical School, who examined the 132 workers included in the study, said the majority of older workers were physiologically able to continue on the job past the age of 65 years.

Reporting on neuropsychological findings, Ward C. Halstead disclosed there was a greater incidence of higher brain functioning damage among older production workers than in previous studies of executive groups. However, he noted, older production workers were not affected in job performance.

A report by Dr. Bertha A. Klein, Univ. of Chicago, showed abnormalities of the retinal arteries increased with age, but the indication of cerebral artheriosclerotic vascular disease did not affect production of older workers.

Effects of Age: Leonard Z. Breen, Purdue University sociologist, found that if an older man does not conceive himself as "old" and likes his work, he will clearly wish to continue working. When a decision for retirement is to be made, he added, the older workers "are more likely to turn to a physician for judgment."

Commenting on the reports, Dr. G. Halsey Hunt, NIH, declared that this was a start toward finding out scientifically the effects of old age on production workers.

"We must know more about this," he concluded, "before we can formulate realistic retirement policies."

The Aged Pay Their Bills

There may be little truth to the commonly-held thought that older people provide most of the economic problems in health care.

This is the opinion of Dr. Charles E. Staats, surgeon at the general hospital which bears his family name in Charleston, W. Va.

Aged Pay Bills: Citing a survey of 296 patients, aged 65 and older, who were treated at Staats Hospital in a one-year period, the physician said:

"If unpaid hospital bills are a measure of financial insecurity of the aging group, our experience does not reflect the commonly held concept. Only 1.5% of our bills of the over 65 age group at this time are unpaid. In the over 85 group, .3% of the bills remain unpaid. . . .

"In contrast, other patients under 65 had 14.9% of the hospital bills remaining unpaid."

Dr. Staats presented the survey findings and his opinions on health care to the Senate Subcommittee on Problems of the Aged and Aging when it held hearings in Charleston. The surgeon also showed that patients under 65 stayed 5.5 days, average cost $126.41. Patients over 65 stayed 10.1 days, average cost $254.12.

All Get Care: The physician observed that people who remain at productive work into advanced years present little or no problem in health care, while indigents will present major problems at any age.

He asserted that those who hit "rock bottom" do receive medical care. Unpaid bills, he said, attest to this fact.

Hams' Hobby Reaches Around World

Many physicians make world-wide acquaintances through their hobbies as amateur radio operators. They also have opportunities to discuss medical problems and share knowledge with other MDs.

In some areas, physicians who are "hams" have joined to form panels of consultants available to any part of the world needing medical advice. They also assist in disasters.

The following list of MD amateur radio operators was compiled by *The AMA News* from information sent in by physicians. *The News* would like to hear from other physician "hams."

K7AAA—Fred A. Bower, MD, Box 186, Florence, Ore.

W1NXJ—B. L. Troy, MD, 44 Cummings Road, Brookline 46, Mass.

K8KVP—Earl R. Haynes, MD, 2820 E. Ray Drive, Zanesville, Ohio.

W31FV/8—David R. Rovner, MD, 2386 Fernwood, Ann Arbor, Mich.

K4GWA—George W. Schafer, MD, 732 Greenridge Lane, Louisville 7, Ky.

W1SEO—John F. Daly, MD, 135 College Street, Burlington, Vt.

K9HGH—Edward F. O'Connor, MD, 1 Chicago Avenue, Oak Park, Ill.

K9SUF—Myron Bornstein, MD, 3356 N. Murray Ave., Milwaukee 11, Wis.

K0ESPH—James H. White, MD, Box 521, Greeley, Colo.

K6YEB—Milton A. Foor, MD, 4831 Hardwick Street, Lakewood, Calif.

W9VCL—J. L. Schroeder, MD, 1815 N. 4 St., Sheboygan, Wis.

K9GVI—H. R. Schwartz, MD, 946 N. Kenilworth, Oak Park, Ill.

K9PRV—Saul Halpern, MD, 1424 Oak St., Danville, Ill.

W3KVX—Harold C. Morgan, MD, USAF Hospital, San Antonio, Texas.

W9ASU—Charles J. Smalley, MD, 1150 No. State St., Chicago, Ill.

K2DIQ—John J. McShane, MD—Springfield Center, New York, N.Y.

K4ERZ—William H. Chapman, MD—1111 Parker Place, Charlottesville, Va.

W4LZY—James E. John Jr., MD, University of Virginia Hospital, Charlottesville, Va.

KP4AMP—Jose' E. Polanco, MD, Box 906, Caguas, Puerto Rico.

W1BJB—S. Forrest Martin, MD, 165 Bay State Rd., Boston, Mass.

W9IUF—Ralph W. Taraba, MD, Student Health Center, Indiana University, Bloomington, Ind.

K5PNR—Aynard M. Hebert, MD, 1413 Louisiana Ave., New Orleans, La.

W4QCG—Anson P. Hyde, MD, 6929 Pinetree Terr., Falls Church, Va.

K5EJC—Albert Mery, MD, Bartlesville, Okla.

K7GSM—Robert M. Heilman, MD— 7220 S.W. Canyon Dr., Portland, Ore.

K9KGF—Samuel S. Sorkin, MD, 227 Garfield Ave., Evansville, Wis.

K5EOE—W. A. Mickle, MD, 1430 Tulane Ave., New Orleans, La.

W2IBI—Benjamin E. Bardfeld, MD, 1080 E. Landis Ave., Vineland, N.J.

K9MHO—Peter J. Pilecki, MD, 105 Avalon Court, Michigan City, Ind.

W6UCI—Harold C. Dorin, MD, 1218 Crenshaw Blvd., Torrance, Calif.

K5IUE—John G. Egger, MD, 169 S. Main St., Drew, Miss.

W4KWO—Asa W. Adkins, MD, 361 Hillsboro Ave., Lexington, Ky.

K4SCP—Herschel U. Martin, MD, 303 "A" Fairview Drive, Dalton, Ga.

W5RHW—Sidney E. Stout, MD, Route 3, Box 196, Ft. Worth, Texas.

K2TEJ—George P. Vennart, 483 Summit St., Norwood, N.J.

W8FSW—David C. Boyce, MD, 3060 Bonnell S.E., Grand Rapids 6, Mich.

W2DO—J. Harold Macart, MD, 120 Prospect Street, South Orange, N.J.

K0ELR—Hamilton H. Morrow, MD, 423 W. 11th St., Fremont, Neb.

W0OGG—Isabelle A. Cooper, 5300 Mission Road, Kansas City, Mo.

K9IVR—Vaughan P. Simmons, MD, 7930 Gridley Ave., Wauwatosa 13, Wis.

WA2OSP—Albert G. Markel, MD, 4501 Park Avenue, Paterson, N.J.

W4JMA—Lionel M. Lieberman, MD, 29 South King St., P.O. Box 455, Hampton, Va.

K5UHE—Wm. J. Natoli, MD, 1268 46th St., Los Alamos, N.M.

K9JRM—M. P. Meisenheimer, MD, 107 East McDonald Road, Prospect Heights, Ill.

W9QCL—Richard L. Sperling, MD, 5917 N. Central Park Ave., Chicago 45, Ill.

DR. MARGUERITE RUSH LERNER and sons (left to right) Ethan, Seth, Michael, and Peter.

Michael's Measles
Illustration from the book

Gay Reading For The Ailing

Dr. Marguerite Rush Lerner, combining her interests in literature, medicine, and four young sons, has written a set of children's books on childhood illnesses.

Entitled, *Michael Gets the Measles, Peter Gets the Chickenpox,* and *Dear Little Mumps Child,* the books are brightly illustrated and contain such clinically-correct verses as:

"A measles rash is not so bad.
It isn't half as itchy
As the blister bumps of chickenpox
Which feel so scratchy-scritchy."

A fourth book by Dr. Lerner, *Doctor's Tools,* was issued simultaneously by the publisher, Medical Books for Children, Minneapolis.

Dr. Lerner wrote the books in time snatched from teaching in the section of dermatology, Yale University School of Medicine, where her husband, Dr. Aaron B. Lerner, is a professor.

K2BUR—E. B. Sirotta, MD, 115 W. Broad St., Paulsboro, N.J.

W0NBJ—Jack R. Cooper, MD, 665 New Brotherhood Bldg., Kansas City 1, Kan.

W9RCW—Vaughn Demergian, MD, Madison, Wis.

W0BOJ—B. Rush Loving, MD, Box 154, Ballwin, Mo.

W7NZP—Stanley L. Rea, MD, V.A. Hospital, N. 4815 Assembly, Spokane 15, Wash.

W9NTZ—James R. Slamer, MD, 4569 N. Teutonia, Milwaukee, Wis.

W2DRG—Abba A. Messe, MD, 1475 Grand Concourse, New York 52, N.Y.

K8NFY—Don M. Le-Duc, MD, 405 University Drive, East Lansing, Mich.

K8QVP—Don M. LeDuc, MD, 5465 Lakeshore Ave., Holland, Mich.

W5ILY—Earl P. Price, Jr., MD, 2413 Lofton Terrace, Ft. Worth 9, Texas.

K5MXS—Colonel W. W. Hiehle, MD, U.S. Army Hospital, Sandia Base, N.M.

K9POW—Thomas Morrison, MD, 1316 Glenwood Avenue, Joliet, Ill.

W1WKJ—Lawrence S. Higgins, MD, 205 Princeton Avenue, Providence, R.I.

W3GNX—Bernard B. Stein, MD, 33 Old Lancaster Rd., Philadelphia, Pa.

W6OZK—Richard A. Watzel, MD, 7559 Valentine St., Oakland, Calif.

W6TER—Lorrain E. Watters, MD, 4733 Dunkirk Ave., Oakland, Calif.

W8GAS—Victor M. Victoroff, MD, 2231 Taylor Rd., Cleveland 12, Ohio.

K6EU—Harry N. Jurow, MD, 460 Darrell Rd., Hillsborough, Calif.

KN5VVW—Louis W. Seyler, MD, 1606 Bonham St., Commerce, Texas.

W6UPP—M. W. Conway, Jr., MD, Santa Ana, Calif.

W2BBK, (French Colonial FP8AK, FS7AA)—J. Lawrence Evans, Jr., MD, 240 East Palisade Avenue, Engelwood, N.J.

K3EYQ—William G. Hamm, MD, 1534 East Third St., Williamsport, Pa.

K8LHD—Morton W. Adler, MD—19188 Appoline, Detroit 35, Mich.

K1MAO—Howard Bleich, MD, 33 Oak St., Boston 11, Mass.

W8KDG—Chas. W. Mathias, MD, Warwick Rd., Warren, Ohio.

K4BYI—W. W. McChesney, MD, University Infirmary, Gainesville, Fla.

W6NXT—Carrol W. Goss, MD, Box 158, Lamont, Calif.

W7VMJ—D. G. Kohler, MD, Federalway, Wash.

W8UYL—Don H. Volzer, Jr., MD, 1821 Woodland Ave. N.W., Canton, Ohio.

K8APU—Earl J. Knaggs, MD, 13179 Phelps, Wyandotte, Mich.

K8IAX—Leonard Price, MD, 1182 Terrace St., Muskegon, Mich.

K9UAR—Wesley A. Roads, MD, 1035 LaCresta Drive, Freeport, Ill.

K4ZQL—Charles L. Clarke, MD, 711 Spring St., Memphis 12, Tenn.

K2SOU—William M. Mallia, MD, 1364 Union St., Schenectady 8, N.Y.

W4HAO—George W. Brown, MD, 572 E. College St., Griffin, Ga.

K2GUE—M. Leonard Genova, MD, 132 East Bergen Place, Red Bank, N.J.

W7LRO—Thomas M. Keenan, MD, 210 Med. Arts Bldg., Great Falls, Mont.

W2IMW—Anthony Kohn, MD, 165 Secatogue Lane West, West Islip, N.Y.

W9OLW—H. W. Bardenwerper, MD, 112 S. Jefferson St., Waterford, Wis.

K1BCP—P. W. Snelling, MD, Hartford, Conn.

W2KOY—Eugene P. Simon, MD, 1740 Front St., East Meadow, N.Y.

K5BLW—C. F. Sherman, MD, V.A. Center, Temple, Texas.

W5ALJ—Wilton G. Pitts, MD, 1904 Military Highway, Pineville, La.

K3BIK—Paul L. McLain, MD, 33 McKelvey Ave., Pittsburgh 18, Pa.

K8CFA—C. T. "Cliff" Hickox, MD, 4455 Turney Road, Cleveland 5, Ohio.

W5KKA—Verne F. Goerger, MD, 471 W. Hidalgo, Raymondsville, Texas.

K9LWG—Owen E. Larson, MD, Clintonville, Wis.

K9LCC—Wm. R. McInnis, MD, Marion, Wis.

WAFM—J. R. Bolger, MD, 236 S. 15 Ave., Maywood, Ill.

K0PWN—Paul Davidson, MD, 1002 6th Street, Rochester, Minn.

W4FST—C. J. Brown, MD, Medical Department, Beaufort, S.C.

W8BXO—Earl E. Weston, MD, 18101 James Couzens Hwy., Detroit 35, Mich.

K5USU—Edward J. Joubert, MD, 863 Crystal, New Orleans, La.

K5STJ—James H. Stewart, MD, 6035 General Diaz, New Orleans, La.

K5VAV—Albert Cernigilia, MD, 5222 Wilton Dr., New Orleans, La.

K5VMN—Julius Levy, Charity Hospital, New Orleans, La.

W5SVP—Sireno E. Bowers, MD, #4 Ibis, New Orleans, La.

K5JGM—Charles G. Bowers, MD, 1740 Leon C. Simon, New Orleans, La.

K5UNP—David Hottenstein, MD, Quarters "U", U.S. Naval Station, New Orleans, La.

W5JDC—George E. Rees, MD, 3911 Franklin, New Orleans, La.

K0KSN—James R. Stewart, MD, 1515 3rd Ave. S.W., Rochester Minn.

WA6CHI — Clark Richardson, Tulare County Health Dept., County Civic Center, Visalia, Calif.

K2SFA—Edward H. Davis, MD, 315 B. 143 St., Rockaway Park 94, N.Y.

W9CXN—Julius Venckus, MD, P.O. Box 71, Lockport, Ill.

K2GQ—Milton I. Schwalbe, MD, Director, Professional Svc., V.A. Hospital, 408 First Ave., New York 10, N.Y.

W8SZS—Julian Stern, MD, 15121 W. McNichols, Detroit, Mich.

K1GDW—Fred C. Spannaus, MD, Candlewood Shores, Brookfield, Conn.

W6HSP—E. H. Brunemeir, MD, 5446 S. Kraemer Ave., Placentia, Calif.

K2GS—Herbert Berner, MD, 1033 East 9 St., Brooklyn 30, N.Y.

K0DIU—Edward J. Ridenour, MD, 145 Prospect Ave., Waterloo, Iowa.

W6VAM—Richard E. Daniels, MD, 3003 Palos Verdes Drive E., San Pedro, Calif.

K0RZL—Marcus W. Rubright, MD, 435 Monroe St., Denver, Colo.

K3GJH—W. Wilson Schier, MD, V.A. Hospital, Ft. Howard, Md.

For Your Information

For the MD

New Books: Thirty-one well known physicians relate memorable experiences in *Doctors and Patients*, (Grune & Stratton, Inc., $5.25), edited by Dr. Noah D. Fabricant. . . . *Medical Discoveries*, (Charles C. Thomas, 555 pages) by Dr. J. E. Schmidt, is a dictionary listing some 6,000 medical and related scientific discoveries in alphabetical order, giving in each case the name of discoverer and date of discovery. . . . A 450-year panorama of firearms that made history in America is unfolded by Larry Koller in *The Fireside Book of Guns*, (Simon & Schuster, $12.95).

Travel: Mid-January to late March is "azalea time" in romantic Mobile, Ala., where visitors will see the famed azalea trail—35 miles of flaming floral beauty. Special events include Mardi Gras celebration, concerts, drama, art exhibits, tours of ante bellum homes and trips to Dauphin Island, South's newest nearby winter playground. For details write: Bureau of Publicity, State Capitol, Montgomery, Ala. . . . For free 24-page motor guide to Europe listing specific tours with maps, landmarks and suggested hotels write: Cars Overseas, Inc., 41-39 38th St., Long Island City, N.Y. . . . "Learn to Ski" weeks are scheduled every week through March 27 at Sun Valley, Idaho. Basic prices per person in chalet dormitories: $110 with meals, $75 without. Write: Winston McCrea, Manager, Sun Valley, Idaho.

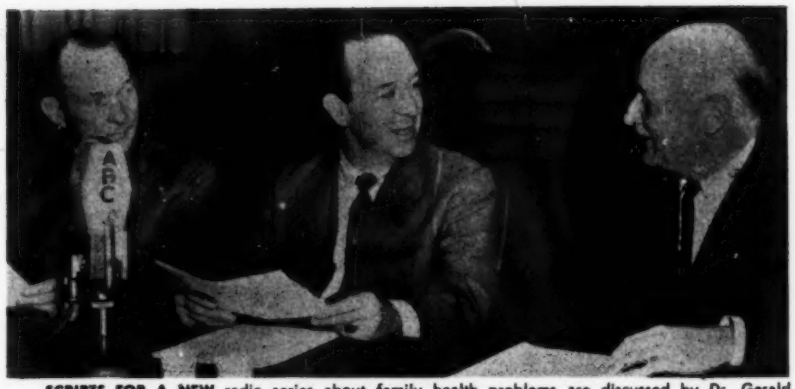
What's New? *Wall Street Journal* reports "grape tones" will join olive and gold colors in men's wear next fall. Besides such "virile" shades as concord and chianti, there will be compound colors called birch bark and country pheasant. . . . Half-scale version of the 1910 Model-T, 68 inches long, with red wooden spoked wheels, brass headlamps, and speeds up to 15 mph now on sale. . . . Remember the old McGuffey reader? Reprints of original copyrighted 1879 revised editions now available at $2.95. . . . Footwarmers for outdoor enthusiasts maintain temperatures of 110 to 170 degrees fahrenheit for eight hours. $9.95.

For the MD's Wife

Around the House: Tired of tucking unused portions of extension cords under the rug? Now you can buy cords made fully adjustable by special takeup reel which stores cord inside and permits adjustments from seven inches to nine feet. Cost with nine feet of cord, $1.20. . . . Gift tip: Silver cuff links made of ancient Roman coins. . . . Portable under-bed chest that carries like suitcase but has trunk capacity helps solve storage problems. $3.98. . . . Dog food soon will be available in frozen TV dinner form for those who prefer to feed Fido fresh meat, rather than canned food.

Music: A new line of stereo-musaphonic hi-fi console phonographs, styled in wood veneers to complement contemporary furnishings, and new extension speaker system available in three different hardwood finish cabinets are now available. . . . Song books for family evenings at the piano: *Best Loved American Folk Songs* by John and Alan Lomax (Grosset & Dunlap, $4.95); *The American Songbag* by Carl Sandburg (Harcourt, Brace, $5.75); *American Folk Songs for Children* by Ruth C. Seeger (Doubleday, $4.50).

(Brand names or names of manufacturers of new products are available by writing to *The AMA News*.)



SCRIPTS FOR A NEW radio series about family health problems are discussed by Dr. Gerald Dorman (right), representing AMA, Dr. Benjamin W. Carey (left) of Lederle Laboratories, and ABC's John Daly. The three organizations are cooperating in presenting the weekly public service series, called *Highroad to Health*. Dr. Dorman is co-chairman of the Physicians' Advisory Committee on Radio and Television of AMA.

Family MDs Featured

The family physician's role in handling common medical problems is featured in a series of 13 weekly radio programs on the American Broadcasting Co. stations.

The series of weekly programs of 15 minutes each, entitled *Highroad to Health*, began this month. They are supervised by AMA in cooperation with Lederle Laboratories.

Each program has a 10-minute drama about a medical problem in a family setting and how the family's MD handles it. During the last five minutes of each program a guest physician comments on the subject of the drama.

Subjects to be covered include hypertension, acute infection of childhood, cancer, household accidents, toxemia of pregnancy, chronic illness, geriatrics, mental health, rheumatic fever, tetanus, surgery, nutrition, and medical emergencies.

Newsettes

MDs Move: Tracing the careers of 138 GPs engaged in rural practice in Virginia, Dr. Everett L. Coffey found that, after seven years, 46% were no longer at their original locations. . . . **Grants:** Public Health Service has announced 71 grants totalling $1.7 million for research in various aspects of aging. . . . **MD Dies:** Dr. Ross McIntire, former U.S. surgeon general and personal physician to President Franklin D. Roosevelt, died in Chicago at age 70. He was executive director, International College of Surgeons at the time of his death. . . . **Medicines Withdrawn:** Three new products (Kerid, Cerulav, and Cerumenex) for removing wax from the ears are causing painful injuries and are being voluntarily withdrawn from the market, reports Food and Drug Administration. . . . **Smog Weapon:** Beginning in 1961, all cars sold in California are to be equipped with a device that reduces auto-exhaust fumes—a smog ingredient. . . . **Nurses' Training:** 3,803 professional nurses received federal aid during past three years for advanced preparation in administrative, supervisory, and teaching positions. . . . **Survey:** Study by American College of Surgeons reveals that maniacal driving by many ambulance drivers is not only unnecessary but hurts more patients than it helps.

Higher Nursing Tuition Favored

Major share of nursing education costs should be met by increasing tuition and fees rather than by being passed along to hospital patients, according to Illinois Hospital Assn.

In a statewide survey prompted by a critical shortage of nurses, IHA said a previous study showed that schools with the highest tuition rates also had the highest percentage of their enrollment capacity filled.

Fifty-two of the 67 schools of nursing maintained by general hospitals in Illinois participated in the study which reveals that patients are underwriting costs of nursing education with an estimated $10 million a year.

IHA said the study shows that only 7.2% of the average gross cost of educating a nurse is met by tuition and fees and that the student defrays only 31% of the total cost by serving on hospital nursing units.

The IHA Committee on Nursing also recommended:

- Hospitals should cooperate with related groups in a joint civic appeal for scholarships and loan funds.
- Schools must set up accounting records using uniform cost finding methods.
- Schools should explore the use of non-hospital educational facilities.
- Schools should re-evaluate their assignments of students to the nursing units.

Volumes 1 and 2 of the *School of Nursing Cost Study* may be ordered from the Illinois Hospital Assn., 840 N. Lake Shore Dr., Chicago 11. Volume 1 costs $2; volume 2 costs $3. The set costs $4.

Film Available

A new professional film designed to acquaint general practitioners and nurses with concepts and techniques basic to the care of stroke patients has been released by American Heart Assn. The film, *Cerebral Vascular Diseases: The Challenge of Management*, is available for purchase or loan from local heart associations.

Aged Get Care, MD Testifies

Aged persons in West Virginia are not denied medical care, a past president of the West Virginia State Medical Assn., told a special U.S. Senate subcommittee hearing at Charleston.

"I cannot recall any patient in the older group who has been in need of medical care to whom care has been denied," said Dr. Charles A. Hoffman of Huntington.

President Miles C. Stanley of the West Virginia Federation of Labor called for increased social security benefits and for passage of the Forand bill.

Lyle L. Austin, vice president of the state's Farm Bureau, opposed the idea of a medical program under social security. He said his organization believes such a step will "finally lead to socialized medicine."

Scanning the News

Professional Liability: West Virginia attorney general ruled Board of Governors of West Virginia U. has authority to purchase professional liability insurance for its staff at new medical center. Object: To protect medical students, teaching staff, MDs doing work at center against liability.

Family Plan: Group Health Insurance's new coverage for elderly includes Family Doctor Plan, under which GHI pays for illnesses that can be treated at home. Many plans forbid payments unless patient is hospitalized. GHI hopes plan will take pressure off MDs and facilities, lower patients' bills, and hold down need for higher premiums among aged.

Court Ruling: A California court has held that physicians' refusal to testify as expert medical witnesses is not actionable and that conspiracy to misrepresent an MD as an unprejudiced witness is actionable. (Agnew v. Parks, 343 P.2nd 118, Calif.)

Television Eye: A TV device that permits surgeons to explore inside the human body has been developed for the U.S. Navy. Optical fibers are bound together in small cable with lens at probing end. Each fiber picks up light from a surface and light specks are combined into a picture on TV screen.

Syphilis: Since the introduction of antibiotics, the overall death rate from syphilis has dropped from 12 persons per 100,000 population in 1943 to 2.2 in 1958, reports Health Information Foundation. But an estimated 60,000 new cases of syphilis and 1,000,000 of gonorrhea still are acquired each year—and many of them are not reported.

Movie Projector: A versatile analytical movie projector for x-ray motion pictures has been developed by two U. of Rochester scientists. Projector screens single frame of movie film for an indefinite period without heat damage to film, flashes frames of film at any speed up to 24 a second without distortion. Instantaneous reversal of film may be made at any point.

Intern Programs: Limiting intern programs to students planning a general practice and reducing number of hospitals approved for such programs were among proposals for reshaping hospital intern programs made at Chicago's Michael Reese Hospital and Medical Center seminar.

Children's Records: A uniform system of record keeping which "will be the greatest fund of source material on crippled children in the world," has been adopted by 17 Shrine hospitals. Records, to be kept in Chicago, will be available to surgeons.

MAIN LOBBY of remodeled AMA headquarters building features three types of marble—Loredo Chiaro with Jarnet, Endsley Walnut and Roman Travertine. Receptionist is Mrs. Dorothy Paulsen.

NEW EQUIPMENT purchased as part of the AMA headquarters remodeling program includes tubular card files in which Circulation and Records Department maintain current records on all physicians. Files have eliminated need to carry card drawers from storage room to desk.

AMA Headquarters

Ready for Conferences

Meetings of AMA councils and committees should be held—when feasible—in the newly remodeled headquarters building at Chicago, the House of Delegates agreed at the Dallas Clinical Meeting.

The House approved a Board of Trustees report recommending maximum use of the building "in the interest of prudent utilization of facilities and funds."

$2 Million Project: Remodeling of the nine-story structure will be substantially completed by January. Work was begun in July, 1958, and final cost of the modernization program will be more than $2 million.

The project included the installation of new lobbies, entrances, air conditioning and automatic elevators. All corridors and offices were modernized with acoustic ceilings, fluorescent lighting, new flooring, and glass partitions.

Meetings can be held in the refurbished auditorium on the ninth floor or in conference rooms located on nearly every floor. The cafeteria has been enlarged and is equipped to handle large meetings.

Lobby and Entrance: Visual highlight of the remodeling is the new main lobby on Dearborn Street. The 55 by 20 foot entranceway is finished in three types of marble and the Terrazzo floors are accentuated by direct and indirect lighting in the 16-foot-high acoustic plaster ceiling.

Exterior of the entrance is finished in red granite and stainless steel. The air conditioning system is a heating, cooling, cleaning and humidity control system which allows simultaneous heating and cooling in various building zones.

AMA Publications

Handbook for Medical Societies and Individual Physicians on National Voluntary Health Agencies, by AMA, Dec. 1959.

Describes 34 voluntary health agencies, giving their purposes, organizations, sources of finances, income and expenditures, and their programs. Key personnel and addresses also are listed. Appendix has "Suggested Guides to Relationships Between Medical Societies and Voluntary Health Agencies" adopted by AMA's House of Delegates, 1957.

Copies may be ordered from AMA, 535 N. Dearborn, Chicago 10.

Hospital Planned

Ground will be broken in May for the $20 million Southwest Texas Methodist Hospital, San Antonio, Texas, which will have facilities for protection against radioactive fallout. It will have four stories above ground and two below. The underground area will have complete, separate facilities for care of 1,000 to 1,500 patients for a two-week period.

Local Mental Aid Supported

A community approach to the treatment of mental health is growing. The trend must be nurtured by psychiatrists and other physicians working together more closely at the local level.

This was the key thought that wove through discussions at the recent Conference of Mental Health Representatives of State Medical Associations, sponsored by AMA's Council on Mental Health.

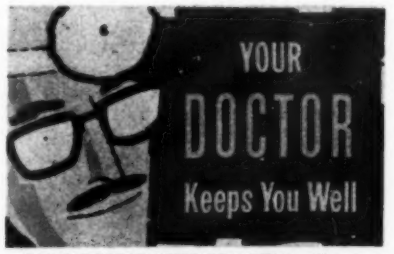
The 200 delegates were divided into six groups which tackled different facets of mental health, and these were some of the recommendations:

- All new constructions should be to provide community mental health centers and general hospital facilities for the psychiatric patient—not large public mental hospitals.
- State medical societies should be encouraged to study ways to close the gap between organized medicine and the public mental hospital.
- Private psychiatric hospitals should encourage staff relationships similar to those in general hospitals.
- The psychiatric unit of the general hospitals should function in terms of community needs; it must be able to provide effective treatment for phychiatric emergencies.
- Out-patient clinics in psychiatric practices should have a better relationship with other physicians, especially the referring doctor.
- The community must share in the responsibility of accepting the well patient back into its social life.
- Mental health committees of state medical societies should set up groups, composed of attorneys, legislators, and other civic leaders, to study the Uniform Mental Health Act as a basis for preparing a mental health bill adaptable to the state.
- State laws should permit voluntary admittance to state institutions to spare the patient the stigma of a court hearing.

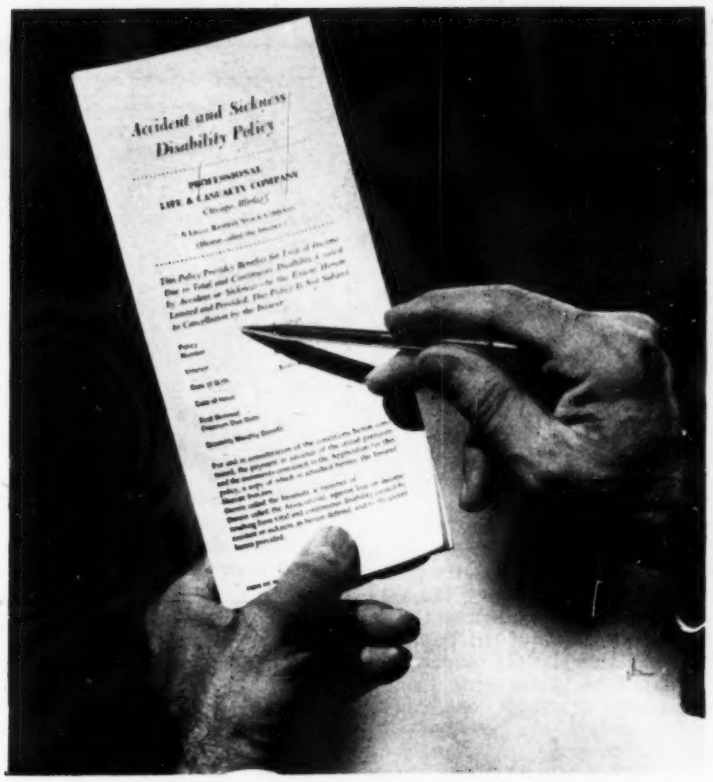
11 Women Physicians Get AMWA Honors

Eleven women physicians were honored as "1959 Medical Women of the Year" by member branches of the American Medical Women's Assn., at a meeting at Hot Springs, Ark. They are:

Drs. Sarah E. Branham, Bethesda, Md.; Clementine E. Frankowske, Whiting, Ind.; Camille Mermod, Orange, N.J.; Frances Keller Harding, Columbus, Ohio; Frances E. Pickett, Cleveland, Ohio; Edith Rebecca Hatch, Buffalo, N.Y.; Ann Gray Taylor, Philadelphia; Margaret Noyes Kleinert, Boston; Katharine Dodd, Louisville, Ky.; Ella M. A. Enolows, Fort Lauderdale, Fla.; and Ray K. Daily, Houston, Texas.



'YOUR DOCTOR KEEPS YOU WELL' will appear on posters on thousands of linen supply delivery trucks throughout the country during January. The industry's poster program supports a different cause or group each month. Participation is voluntary and expenses are borne by individual linen supply companies.



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7. The policy pays full benefits in addition to any other insurance you may have.

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Insurance Firm Failure Hits Many Physicians

California physicians have been hard hit by the failure of British Commercial, one of several insurance companies in Britain with which Lloyds, London shared a part of its professional liability insurance over the years. (*The AMA News*, Nov. 16)

According to Dr. Joseph F. Sadusk Jr., Oakland, Calif., a member of AMA's Committee on Medicolegal Problems, at least 17 professional liability suits have been filed against MDs in Northern California whose "Lloyds, London and/or companies" policies involved British Commercial. Some 50 professional liability claims are pending, he added.

Suits Reported: Dr. Sadusk estimates some 4,000 physicians in California purchased these policies, most of which had 50% coverage by British Commercial. The bulk of the policies were sold in 1954 by brokers who wrote policies through certain surplus line underwriters.

In Southern California, Frederick O. Field, legal counsel and executive director, Los Angeles County Medical Association, reports 14 malpractice suits against physicians covered in part by British Commercial.

"One malpractice suit for $80,000 has been lost and is now on appeal," he said. "If the appeal is lost, the physician may be forced to pay $20,000 of the judgment because British Commercial covered 25% of the policy."

Field added that LACMA cooperates in two approved professional liability insurance programs and that British Commercial was not involved in any of the coverage.

Recommended Reading: The San Mateo County Medical Society in its November Bulletin printed a letter received by a member physician who was covered in part by British Commercial.

The editor's note preceding the letter noted:

"Our Medical Economics Committee advised against purchase of this contract. One member who dropped our group program was sued for malpractice and has received this letter. This is recommended reading."

The letter, sent by Sayre and Toso, Inc., a surplus line underwriter, read in part:

"We have no information at this time as to whether British Commercial will be in a position to pay the full amount, or any portion, of any final amount determined to be due from it as the insurer under the above certificate on the above claim. Moreover we have no information at this time as to whether it will be in a position to continue to handle the cost of adjusting and defending such claim.

"Accordingly, we are compelled to advise you that we are not responsible for British Commercial's proportion of the cost of adjusting and defending such claim."

The latter point of defending claims has not been clarified. Several insurance lawyers have expressed the opinion that Lloyds, London, as the principal insurer, may have the obligation to defend.

Lesson Learned: One medical society executive believes there is a lesson to be learned from the British Commercial situation. He said:

"Physicians, as well as everyone else, should look for protection, rather than price, when they purchase insurance. This is a good example of what may happen if you consider price first."

Supreme Court Refuses Suit

The U.S. Supreme Court recently refused to review the $300,000 antitrust suit of Elizabeth Hospital, Inc., against the Washington (Ark.) County Medical Society and four of its members.

In effect, the Supreme Court affirmed the July 10, 1959, decision of the Court of Appeals, 8th Circuit, (269 F.2d 167). The appeals court had found that the refusal of the medical society to admit the hospital's chief of staff, Dr. Frank Riggall, as a member did not have any restraining effect on interstate commerce within the meaning of the Sherman Antitrust Act.

Elizabeth Hospital, Inc., a Delaware corporation which operates a hospital at Prairie Grove, Ark., had sought to bring its claim under the Sherman act by citing these points:

- Exclusion of the chief of staff so diminished his professional standing that it reduced the number of local and out-of-state patients seeking treatment at the hospital.
- Purchases of medical equipment and supplies were made from out-of-state sources by the hospital.

The court found that "the fact that some of the plaintiff's patients might travel in interstate commerce does not alter the local character of the hospital" and that the conspiracy complained of did not interfere with the hospital's purchases.

Witness Plan Goes on Trial

An impartial witness plan for injury damage suits has been approved for a two-year trial period in Cuyahoga County (Cleveland, Ohio.)

The plan was suggested by the Cleveland Academy of Medicine and supported by the Cleveland Bar Assn.

Under the plan, the judge, on encountering disagreement between the patient's doctor and the defendant's doctor, can request the academy to provide a panel of three physicians for a pretrial session.

If no settlement is reached at this meeting and the case goes to trial, any member of the panel may be called as a witness by either side.

Similar impartial medical witness plans are operating in Philadelphia, New York, Los Angeles, and Chicago.

'Lawful Prey'

Sayre and Toso, Inc., a surplus line underwriter which handled professional liability insurance covered in part by British Commercial, displays this sign in its San Francisco office:

"There is hardly anything in the world that some man cannot make a little worse and sell a little cheaper and the people who consider price ONLY are this man's lawful prey—John Ruskin."

"Thank you for the Christmas present, doctor—but you gave me a gift certificate for an appendectomy last year . . . remember?"

Tissue Committee Record in Court

In these days of high professional liability judgments, some concern has been expressed by physicians regarding the admissability in evidence of tissue committee reports.

Establishing a tissue committee, which reviews current cases based on pathological reports, is one of the requirements of the Joint Commission on Accreditation of Hospitals.

However, a medicolegal expert reports he is not aware of any case in which records of a tissue committee were used as evidence in a malpractice action against a physician-defendant.

Believed Inadmissible: In the opinion of medicolegal experts, the records themselves and the testimony of committee members concerning the records are inadmissable in a malpractice case because they are: (1) hearsay; (2) irrelevant; (3) of no probative value; (4) conclusions upon the ultimate issue which the jury must rightly determine.

Tissue committee reports are not automatically excluded by the courts, however. The attorney representing the defendant-physician must object to their introduction.

The Joint Commission advises that tissue committees prepare a worksheet regarding the cases and that a summary of cases be prepared for the executive committee of the medical staff.

Summary Form: According to the commission, the summary should be of this nature:

"The tissue committee reviewed the 100 operations performed in this hospital during the last month. Ninety of the operations raised no questions. Eight of the remaining were reviewed by the committee. . . . The last two cases are referred to the executive committee for disposition."

After the executive committee has received and acted upon the report, the work sheets have served their purpose and the commission does not require that they be kept.

Educational Tool: A statement approved this year by the commission emphasizes that the committee's main function is to improve surgical care of patients by the review of documented work.

"To be effective," the commission declared, "committee reports are necessary and to insure their proper use, the hospital medical staff should make certain that this committee functions as an educational tool and not as a disciplinary device."

Scientific Briefs

Frostbite: Dr. John T. Phelan, University of Wisconsin Medical School, urges a wide educational program among police and first aid workers in the use of the quick-thaw method for treating frostbite. Writing in the November *Journal of the International College of Surgeons*, he states that rapid thawing in experimental studies has shown considerable benefit. A quick-thaw at about 110 degrees F is the best treatment, he said.

Atomic: Scientists from Guy's Hospital, London, disclosed the story of how 15 men endured flash burns from simulated atomic explosions to determine the nature, course, and healing time of uninfected flash burns. Writing in the December issue of *Surgery, Gynecology and Obstetrics*, they indicate that such burns might be more widespread in an atomic attack than earlier studies on animals had indicated. Their findings emphasized the need for facilities to clean, diagnose, and treat flash burns that are easily infected and crippling if not treated properly.

Headache: The personality of the patient and the doctor-patient relationship are more important than drugs in the relief or prevention of headaches. This stand was taken by Dr. Arnold P. Friends, Montefiore Hospital Headache Clinic, before a recent conference at the New York Academy of Sciences. He based his conclusion on 15 years of research on chemicals used to relieve or prevent headaches. At the same time, he said he is convinced that various chemicals are important adjuncts both in the relief and warding off of headaches.

Arthritis: Dr. Robert C. Mellors, New York, and his associates at the Hospital for Special Surgery, report they have pinpointed for the first time the cells which produce the rheumatoid factor found in the blood of arthritics. Their discovery, reported at the Sixth Interim Scientific Session of the American Rheumatism Assn., furnishes investigators with a new lead in the study of rheumatoid arthritis. They traced the site of the formation of rheumatoid factor to two kinds of cells found in the body tissues of patients suffering rheumatoid arthritis: Plasma cells, present in the synovial membrane, and the large pale cells which are found in germinal centers of lymph nodes.

Microscope: A new electron microscope, so powerful that it has captured the image of structures as minute as molecules of hemoglobin, was described before the New York Society of Electron Microscopists by Dr. Alvar P. Wilska, University of Helsinki, Finland.

$720,000 Damage Suit Dismissed

A $720,000 damage suit against the Allegheny (Pa.) Medical Society, the American Medical Association, and several other defendants was dismissed recently by the U.S. District Court, Middle District of Pennsylvania.

The suit was filed by Adolphus Hohensee, who had been convicted a few years ago for misbranding foods and drugs in interstate commerce.

He accused the defendants of entering into a conspiracy in restraint of trade and commerce which directly injured his business.

In dismissing the suit, Judge Frederick V. Follmer asserted the plaintiff "fails to state a claim on which relief can be granted."

Stating It Briefly

Poison Law: After Jan. 1 all hazardous substances intended or suitable for household use which are sold in Illinois must be plainly labeled. A bureau of hazardous substances and poison control has been created to administer state's new law.

Medical Films: Medical societies may submit recommendations as to outstanding postgraduate medical teaching films which they believe should be included on the medical film program at the World Medical Assn.'s 14th General Assembly in West Berlin next September. Special "film recommendation sheets" may be obtained from WMA, 10 Columbus Circle, New York 19, N.Y.

Strep Lab: Colorado's health director, Dr. Roy L. Cleere, said the State's Legislature will be asked for $108,285 for a new streptococal research laboratory in Denver, where State Health Department, Colorado U. Medical Center could join in basic research in strep infection and rheumatic fever. Another $90,000 would come from federal funds.

Vocational Nurses: More than 200 vocational nurses employed by seven Alameda County, Calif., hospitals have asked the county's Superior Court to void that portion of a contract between the hospitals and a union local as it applies to them. The nurses, who want the same status as registered nurses, have asked the hospitals to recognize the California Licensed Vocational Nurses Assn. as their bargaining representative.

Councilman: Dr. Kenneth L. Brandon is the first physician member of the Hartford, Conn., City Council since the Council was formed in 1947 under new council-manager government. Hartford election historians say he may be first MD on any of Hartford's top legislative bodies in more than 330 years of city's history.

Housing for Aged: Chicago Dwellings Assn. proposed a $1.2 million state-financed apartment project for the aged in one of city's urban renewal projects. Plan calls for about 100 apartments to be rented to elderly persons in middle income bracket. In Lincoln, Neb., Lincoln Hospital Assn. approved Gateway Manor, apartment-home for people past 60 to be built near new shopping center.

Chest Research: New, seven-story, $1.2 million Neustadt Research Laboratories at National Jewish Hospital, Denver, Colo., will specialize in chest ailments. New facility will have separate biochemistry, immunology, microbiology, pathology labs.

GP Nominee: Hartford County, Conn., Medical Assn. has voted to select a Family Physician of the Year for submission to AMA for General Practitioner of the Year. It will be the first time a candidate for AMA's award has been submitted from Connecticut.

Polio Drive Planned

Plans for a new advertising campaign this spring to spur polio vaccinations were announced. It will be conducted by the Advertising Council and be sponsored by the U.S. Public Health Service, the American Medical Association, and the National Foundation.

DR. MARCUS WHITMAN is reading his Bible in this illustration of the Whitman massacre, taken from Francis Fuller Victor's *River of the West*. This picture, first published about 1870, is somewhat in error, modern evidence shows. Whitman had been reading but was called into the kitchen where he was killed.

Measles, Doctor, Indians Star in Oregon's History

Oregon's Centennial Year has recalled the role played by a pioneer missionary and physician—Dr. Marcus Whitman—in saving the vast Oregon Territory for the United States.

Dr. Whitman's horseback ride from his mission to the U.S. in the winter of 1842-43 saved Oregon, but deadly measles brought by the wagon trains that followed the physician back to the territory resulted in Dr. Whitman's death at the hands of Indians.

The Oregon State Medical Society and the Multnomah County Medical Society in Centennial displays have called attention to Dr. Whitman's role and those of other pioneer physicians in Oregon.

Territory at Stake: Alarmed by the continuing dangers of the frontier, Dr. Whitman's superiors at Boston had ordered him to close his mission, Waiilatpui, among the Cayuse Indians on the Walla Walla River in what is now the state of Washington.

The territory's American residents were stung by rumors that the U.S. was ready to give up its claim to Oregon, and that a company of English colonists was coming.

Dr. Whitman mounted his horse in October, 1842, and rode through a severe winter on a trip that took him into two foreign countries—Mexico and Texas—before he reached the U.S. border at Bent's Fort.

Appeals to President: He found the country aflame on the Oregon question and lost little time in making a personal appeal to President John Tyler to send more emigrants to Oregon. In Boston, his fervor persuaded the churchmen to keep Waiilatpui open.

Heading back over the Oregon Trail in 1843, Dr. Whitman helped guide a large wagon train. In 1836, Dr. Whitman and a fellow missionary had been the first Americans to bring wives and wagons over the trail.

Although Dr. Whitman saw the wagon trains that followed him as the salvation of Oregon, he could not have foreseen that they also contained the germ of his own destruction at the hands of the superstitious Indians. That germ was measles. Against it the redman had little natural resistance and it frequently was fatal.

Medicine Fails: Dr. Whitman's medicine was powerless against a particularly vicious strain of measles in 1847. Many important Indian chiefs died. Word spread that the doctor was poisoning the natives.

The Whitman massacre of Nov. 29, 1847, is a famous historical incident. Called to his kitchen to dispense medicine to an Indian, Dr. Whitman was killed from behind with a tomahawk —touching off a general attack on the mission by savages who murdered Mrs. Whitman, about a dozen others, and took the survivors prisoner. The prisoners were later ransomed.

The tomahawk which killed Dr. Whitman can be seen at Oregon Historical Society Museum, Portland.

12 Hospitals Linked In Radio Program

A nutrition education program for interns and residents was transmitted by radio recently to 12 hospitals in the Philadelphia area.

The program, moderated by Dr. Michael G. Wohl and summarized by Dr. Robert S. Goodhart, featured 10-minute presentations by Drs. Paul Gyorgy, Thomas E. Machella, Robert G. Ravdin, and William H. Sebrell Jr.

Following the presentations, questions from the hospitals were telephoned to the moderator and answered by the speakers.

Some 1,200 physicians in the area were able to listen to the program sponsored by the Pennsylvania State Medical Society, Philadelphia County Medical Society, and the National Vitamin Foundation. Radio transmission hook-up was arranged by E. R. Squibb and Sons.

Society Rejects Shield Criticism

The St. Louis Medical Society this month refused to adopt a resolution rapping Missouri Blue Shield. Earlier, an anti-Blue Shield group within the society lost in an election of officers.

Disagreement began in 1956 when Blue Shield suggested a fixed fee schedule for low-income groups. The St. Louis society turned down this proposal and in 1957 proposed as an alternative a major medical plan. Blue Shield announced recently that a pilot plan of major medical coverage will begin this month.

The resolution, which lost by 30 votes with 622 of the society's 1,300 membership casting ballots, would have put the society on record "as accepting the fact that there is no relationship either of sponsorship or control presently existing between the society and Missouri Medical Service," and as endorsing major medical insurance.

Dr. Don C. Weir was named president-elect over Dr. David N. Kerr by a 388-352 vote. Dr. Kerr was backed as a "compromise" candidate by present society leaders who favored a stronger voice in Blue Shield affairs. Dr. Kerr, editor of the society's bulletin, *St. Louis Medicine*, opposed the moves.

Dr. Weir said he and his supporters opposed the resolution because the first part was unnecessary and because the society should not endorse any particular kind of medical insurance.

Questions & Answers

Q—If a 16-year-old female is married to a 17-year-old male, who may sign an operative permit—the wife, the husband, or their parents? If a 16-year-old female is married to a 21-year-old male, who may sign the operative permit?

H.P., MD
Minnesota

A—As a general rule, an operative consent should be obtained from a parent or legal guardian when an operation is to be performed on a minor. Some legal scholars have stated that parental consent is not necessary in the case of an emancipated minor—a minor who is no longer subject to parental control and is living independent of his parents and paying his own living costs. The opinion has also been stated that the same is true in the case of a minor female who is married and living with her husband.

Because there are differences of opinion which exist among attorneys and also variations which exist in court decisions and statutes of various states, check with your attorney on this matter.

Q—For 10 years my wife, a nurse, has assisted me in my practice. She acts as a receptionist, keeps the books, helps with injections, and even prepares lecture slides. I have never had her on the payroll. Would it be advantageous from an income tax and estate tax angle to pay her?

K.M., MD

A—From an income tax standpoint, there generally is no advantage in paying a wife for services since income of both husband and wife are accumulated in computing income tax. From the standpoint of estate taxes, there might be a negligible advantage of paying her wages because this would decrease the size of the husband's estate. But considering the marital deduction, it is doubtful whether any significant estate tax savings could be had.

Furthermore, the husband would have to die first. If the wife dies first, increasing her estate would only tend to increase the amount of tax applicable to her estate. Our opinion is that it isn't worth the bookkeeping involved to put your wife on the payroll.

Private Practice End Is Sought

A move to end what remains of private medical practice in Russia has been endorsed by the Presidium of the Soviet Academy of Sciences.

The *New York Times* said Moscow radio urged physicians to follow the lead of research specialists at the Medical Institute in Rostov who have begun seeing patients in free clinics after their working hours at the institute.

Such overtime competition is expected to reduce the amount of private practice, which exists despite government clinics and hospitals.

The New York newspaper also said Soviet publications indicate that complaints of inadequate time-per-patient and impersonal attention are being lodged against the government medical service.

Choosing an Office Site

Unlike the question of whether the chicken or the egg came first, there is no doubt that a first requirement for medical practice is a well-designed, functional office.

And whether the office will meet modern demands will be determined to a great extent on selection of a proper site for the facility.

Physicians setting up practices, expanding present practices, or combining with other physicians need to carefully study sites in the area in which the practicing will be done.

Choosing Location: Individual preferences will determine whether the office will be located in a central business district, a residential shopping area, a new development, or a suburb.

Availability of building sites can be determined from a realtor, as well as information on buildings which can be purchased and remodeled and quarters which can be leased on a rental basis and improved.

If the decision is made to locate in a predominantly residential area, it's wise to check zoning ordinances to determine if a medical facility will be permitted.

Other factors which should be studied:

- Accessibility to hospitals from the proposed site. If no hospital is readily accessible, will it be necessary to provide emergency facilities?
- Will the office be easy for patients to find? Ideally, best locations are near main traffic arteries and convenient to public transportation.
- Are services such as sewer, water supply, electricity, gas and telephone adequate? Cost of extending and connecting these services, if inadequate, can be high.
- Is the area free of such nuisances as industrial establishments, smoke, depressing and unsightly surroundings and fly and mosquito breeding grounds?
- Is the site large enough to permit adequate off-street parking, or future expansion of the building itself if and when it should become necessary?

Topography Important: If plans call for a new building, consider the topography of the proposed site. A gently sloping site is preferable, but don't reject a flat or steeply sloping site in a good location without determining whether it can be adapted to the need.

Determine whether there are unusual circumstances connected with a proposed site—such as right of way for utilities, mineral, air and water rights, subsurface water or old mines. Such conditions can affect a site's value.

Final consideration of any site is its cost. Don't be overly-influenced by a low-priced lot, and bear in mind that the actual price of the lot is small in proportion to the final cost of the facility.

If remodeling of an existing building is planned, it won't pay unless a long-term lease is obtained. If changes are minor, a monthly rental agreement may suffice.

A brochure, *A Planning Guide for Establishing Medical Practice Units*, is available to physicians through city, county or state medical societies. The guide, edited by the AMA, was published through a grant by the Sears-Roebuck Foundation.

Building for the Climate

Physicians planning a new medical facility should remember that a building with its long axis running east and west and its major windows on the south costs less to heat and cool.

Here's a rundown on shape and placement of buildings according to climate:

Northern—Building nearly square, with longer axis not exceeding 1½ times the shorter axis.

Temperate—Long axis not more than 25-30 degrees off the east-west direction, nor more than 2½ times the shorter axis.

Hot-humid—Building's major exposure to the south, with longer axis at least 1½ times the shorter axis.

Hot-dry—Building nearly square and placed to block winds. Long axis not more than 1½ times the shorter one.

Management Skills

Job Standards and Pay

What is a good salary plan? Should medical laboratories have time clocks? What does an executive do about an employee who doesn't get along with others?

These are questions which physicians must face when they are put into positions where supervisory work is required.

Because pathologists, as directors of hospital and private clinical laboratories, often fit into this medical management group, the College of American Pathologists conducted a unique one-day course in Chicago.

Held in conjunction with the joint annual meeting of the college and the American Society of Clinical Pathologists, more than 150 pathologists were given tips on management skills by leading business and industrial experts.

In a discussion of job standards, pay, and job evaluation, these points were brought out:

- Salaries should be relative to those paid all other employees in the organization for comparative jobs. At the same time, salaries should reflect different job experience, training, and responsibility.
- Good surveys should be conducted periodically to keep track of salary trends in the area.
- A manager must organize and define job specifications.
- Job standards should specifically measure how much, how often, and how well the employee does his job.

Time Clocks Out: The pathologists were told that time clocks were "mechanical monsters" and nothing but crutches for weak management and poor supervision. The devices should be removed. Other suggestions for improving management-employee relationship were:

- Managers must understand that employees want reward in forms of pay, praise, power, sense of accomplishment. Employees must be able to trust that their supervisors will be guided by objective analysis, not whim.
- Performance by employees should be periodically reviewed and discussed to inform them what is expected, how they are doing, how they can improve, and why they should improve. This should be done two times a year for new employees, once a year with older employees.
- In handling disciplinary situations, keep in mind that the object is to improve not punish.
- Sandwich criticism of an employee between two pieces of praise, telling him how he could improve after establishing rapport by praising his assets.

AMA News

"I guess I goofed . . ."

Diagnosing Investments

Cash and Carry Saves 'Load' on Mutual Fund

By Merryle S. Rukeyser

A physician in Miami, in a letter to this column, raises questions of interest to doctor-investors.

"There is a possibility," he writes, "that some investment funds may become available in the near future. Will you kindly suggest a method of my becoming aware of investment possibilities without being deluged by customers' men?

"Are you aware of open-end mutual funds that are reasonable investments and do not require the premium 'load' for purchase?"

Costs Involved: If this reader wants to acquire "financial packages of convenience," such as mutual funds, and have them brought to his front door, then he must understand that costs are involved. Most mutual funds add a "load" or premium of around 8% to defray the cost of the selling and merchandising effort.

This charge can be obviated by those who are willing to take the initiative to proceed on a "cash and carry basis." Several groups of investment counsel operate mutual funds as a by-product, and offer them quietly without any load to those who contact them as buyers. A full listing can be obtained in the annual manual on investment funds put out by Arthur Wiesenberger, 61 Broadway, New York City.

In giving this factual information, I am not downgrading customers' men or security salesmen. In our free society, selling constitutes a symbol of the fact that each of us, as the customer, is the boss and possesses freedom of choice.

Check on Brokers: Self-handling of investments by amateurs may be comparable to buying proprietary medicines at the drug store instead of consulting a physician.

Not all customers' men, stock and bond salesmen, and brokers are equal in intelligence, special knowledge, and integrity.

It is well to check recommended brokers with your bank and also through the local Better Business Bureau. Membership in a reputable stock exchange is a hallmark of quality.

But even the competent security analyst cannot do more in appraising future prospects than exercise honest judgment.

A basic element in investment, especially in stocks, is risk taking.

No Slot Machine: It is a fallacy to assume that you can put funds into a slot machine and automatically receive growth stocks that will really grow.

Ferry boats were once gilt-edged investments until new technology replaced them with tunnels and bridges. Early in the 20th century railroads were preferred investments, but nowadays the market takes a different view.

Today electronics, air travel, plastics and chemicals, atomic energy and other newer industries are favored by those who are looking for growth.

The selection of industries and of specific companies within such trades is a matter of judgment.

Consult with Experts: Today, the investor can supplement his own judgment with advice by experts. If your investment fund exceeds $100,000, you can retain professional investment counsel for an annual fee of ½ of 1% of the principal involved.

If your means are smaller, you can indirectly get professional guidance through acquiring mutual funds, investment companies, life insurance policies with investment features, and participations in merged common trusts operated by banks and trust companies.

(Mr. Rukeyser will be pleased to receive inquiries from physicians concerning their financial problems. Letters, with self-addressed, stamped envelopes, should be sent in care of *The AMA News*, 535 N. Dearborn, Chicago 10, Ill.)

Business Briefs

Investments: When *U.S. News & World Report* asked investment bankers where to invest money now, 324 recommended some common stocks, 154 municipal bonds, 59 treasury securities, 54 mutual funds, 37 corporation bonds, 17 savings accounts, and 11 "closed end" funds. The bankers' favorite industries for their own personal stock investment were electronics and electric, oil and natural gas, chemicals, utilities, steel, and insurance in that order.

Bond Trade: U.S. Treasury has announced that after Jan. 1 you can trade your E bonds, which do not pay interest currently in cash, for H bonds, which pay interest every six months. Tax on E-bond interest will not fall due until you cash H bonds.

Liability Insurance: Owners of residential swimming pools, boats with outboard motors over 10 hp, and "midget" automobiles are going to pay more for personal liability insurance. Accidents attributable to these devices have been included in the basic coverage of liability policies. But from now on they are to be excluded in most states unless the policyholder pays extra premiums.

Added Vision: Safety engineers recommend outside mirrors in addition to conventional inside ones for all cars. The mirrors give added rear vision for making left turns and changing traffic lanes.

Sales Forecast: Unit sales of transistors will hit 455 million by 1965, forecasts industry spokesman. Showing an impressive growth record, unit volume of transistor sales mounted from 1.3 million in 1954 to some 80 million in 1959. In dollars, a jump from $5.1 million to $200 million.

Holiday Gifts: Medical research and hospitals are benefitting from an increasing trend among businesses to channel money formerly spent for Christmas gifts to worthwhile organizations. Example—a brewery this year donated $12,000 to the National Fund for Medical Education in the name of its wholesalers who were formerly given gifts.

Gifts and Taxes: Internal Revenue agents take a new interest in gifts as possible taxable income. Gifts of less than $3,000 a year are normally not taxable unless given in return for services. IRS has ruled that gifts of nominal value not readily convertible into cash need not be treated as income.

Rush Hour

Dr. E. Shannon Stauffer, an intern, stepped out of Polyclinic Hospital at Harrisburg, Pa., to buy some cigars to honor the arrival of his half-hour-old son.

He was met by a taxicab, screeching to a halt. Dr. Stauffer jumped in, to emerge minutes later with a baby born to Mrs. Gabriel Staznik of Bressler, Pa.

The Stauffer boy and the Staznik girl and both sets of parents are doing fine. And Dr. Stauffer later picked up his cigars without further incidents.

Training Ruled Non-Deductible

The Tax Court has just ruled that two psychiatrists could not deduct expenses incurred for advanced training at psychoanalytic institutes.

However, five of the judges in the case (Namrow v. Commissioner and Maxwell v. Commissioner, TC 7767) dissented, so the matter may not be ended.

Expenses had been incurred for seminars, lectures, supervisory clinic work, and personal analyses.

The court declared that the taxpayers' attendance at the institutes was not for the purpose of maintaining or improving skills they already possessed, but to satisfy minimum requirements for establishing themselves as practitioners of the special technique of psychoanalysis.

Deduction as medical expenses also was refused by the court which found the purpose of undergoing psychoanalysis was to satisfy the curriculum and not for medical reasons.

The dissenting judges maintained the expenses were education costs incurred to maintain or improve skills required by the practice of psychiatry and should be deductible.

If this were not found to be true, the dissenting judges stated, the expenses should have been allowed as ordinary business expenditures.

In an earlier decision this year (*The AMA News*, March 23), the Tax Court ruled that an internist, who took specialized courses in analysis and psychiatry, could deduct these as education expenses.

Forand Bill Peril Cited

Passage of the Forand bill — or similar legislation—will mean the end of voluntary health insurance and the beginning of a drive for complete compulsory health care, according to A. B. Halverson, California insurance executive. He said the health insurance industry is convinced it can meet the needs of persons 65 and over.

More than 40% of persons over 65 have some form of health insurance today, he said, and it is estimated that more than 90% of older persons needing and wanting protection will be covered by private plans by 1975.

Halverson said the Forand bill would not give hospital and medical benefits to aged persons who are not under social security. He added, "Perhaps this is the group where there may be need of indigent care."

The insurance industry, Halverson said, has eight approaches in providing coverage for the aged, including:

New issuance of individual policies to older persons; issuance of life time coverage; new issuance of insurance to older persons; who belong to organizations for the aged and for retired persons; continuation of individual policies purchased in earlier years.

Coverage which becomes paid up at age 65; continuation of group coverage on older active workers under group plans and continuation for the workers and their dependents after retirement; conversion privileges on group coverage policies after retirement; special types of individual policies.

Progress of Health Insurance Praised

The American Assn. of Public Health Physicians at its annual meeting passed a resolution citing the great progress being made by voluntary health insurance plans in extending coverage for those over 65. The AAPHP also expressed opposition to presently proposed federal legislation designed to extend the social security program into the field of health care.

The resolution stated that "present legislative proposals before Congress would completely destroy all incentive for extending voluntary plans and in no way improve health services for those needy persons on public assistance rolls."

Cadillac

Getting Set for a Happy New Year!

Here is a doctor ready to start another year with his tenth new Cadillac—as proud and delighted as when he first made, and kept, this wise resolution a memorable decade ago.

For even in this brief acquaintance with the 1960 Cadillac, he's learned that very special satisfactions await him this year. And, he doesn't want to miss a mile or minute of them!

And neither, we think, will you, once you have viewed the magnificent cars your Cadillac dealer has ready now for you to inspect, to drive, and to make your own.

Balance, responsiveness and road control come even closer to perfection—while quietness is so nearly complete that you must concentrate to hear any sound of motion. Always tasteful and distinguished, Cadillac has this year added a new note of elegance. Traditionally the forefront car in comfort, Cadillac now incorporates a host of new conveniences.

Your Cadillac dealer is again receiving a normal complement of 1960 models. We suggest that you see him soon for a first-hand survey of these new Cadillac wonders.

He will lend you the keys for a turn at the wheel—and get *you* set for a happy new year in the model of your choice.

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